

## R S Gill Express Ltd.

7583 Vantage Pl, Delta, BC, V4G 1A5

T: 1+ (604) 952-0160

F: 1+ (604) 952-0162

safety@rsgillexpress.com

## **Credit Application Form**

1.	Company Name:
	Name:
2.	Company Type:
	Proprietorship, Partnership, Corporation or Subsidiary:
	If a subsidiary, please indicate the parent company name and phone number:
	Name:
	Phone Number:
3.	Address:
	Office:
	Street:
	City/Town:
	Province:
	Country:
	Postal Code:

If the	Company has a separate billing address, please indicate below:
Offic	e:
Stree	rt:
City/	Town:
Provi	nce:
Cour	ntry:
Posta	al Code:
Phon	ne & Fax Number:
Phon	ne:
Fax:	
Offic	e Status:
Own	ed/Rented:
If ren	ited, please indicate landlord name and phone number:
Nam	e:
Phon	ne Number:

5. Principle Officers:				
Ī	Name:			
ľ	Title:			
ľ	Phone Number:			
	% of Ownership (if applicable):			
Ī	Name:			
ľ	Title:			
ľ	Phone Number:			
	% of Ownership (if applicable):			
ľ	Name:			
ľ	Title:			
ľ	Phone Number:			
ľ	% of Ownership (if applicable):			
-				

Trucking References:	
Name:	
Company/Organization:	
Phone:	
Email:	
Name:	
Company/Organization:	
Phone:	
Email:	
Name:	
Company/Organization:	
Phone:	
Email:	
Financial References:	
Reference Name:	
Reference Phone Number:	
Financial Institution:	
Branch Address:	
Reference Name:	
Reference Phone Number:	
Financial Institution:	
Branch Address:	

DECLARATION			
I understand the content of this form. I declare that the information provided is true, correct and complete.			
Applicant Name:			
Applicant Title:			
Company Name:			
Applicant Signature:			
Date:			