



TRANS-ONTARIO EXPRESS
2215 Markham Rd
Toronto, ON M1B 2W3

Registration Form

CUSTOMER INFORMATION

Company Name:					
Address:					
City:		State:		Postal Code:	
PHONE:		FAX:			
Email:					
*Accounts Payable Contact Name:					
*Accounts Payable Phone:		*Accounts Payable Ext:			
*Accounts Payable Email:					
Type of Business:					
Years in Business:		Requested monthly credit:			
Contact Name:					
Previous Delivery Company:					

BANK INFORMATION

Bank Name:		Branch:			
Address:					
City:		State:		Postal Code:	
PHONE:		FAX:			
Email:					

TRADE REFERENCE

	Company Name	Contact Person	Phone Number

As an authorized officer of the company, mentioned above. I am hereby requesting your service, on an as per need basis, as of the date mentioned below. All invoices will be paid in **30 days**, outstanding invoices will be charged **3%** interest per month. If a credit card is provided by the Customer, payments will be withdrawn automatically 15 days after issuing the invoice. This is agreed to by the two parties signing below in the City of Toronto.

Name: _____

Title: _____

Signature: _____

Date: _____

OFFICE USE

Fax: 416-298-3138
Phone: 416-298-1060
Fax: 1-866-598-3138
Phone: 1-800-426-9726

A/R Email: ar@trans-ontario.com

FOR OFFICE USE ONLY	
Charge Account Code:	
Effective Date:	
Authorized by:	
Agreement Domestic:	
Agreement Local:	
Agreement USA:	

**Mandatory: Accounts payable fields must be filled.*