

740 Beaverdale Rd.  
Cambridge, ON  
N3C 2V3

P. (519) 220.0942  
TF. 1.800.387.8544  
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# Client Transport

Name of Business: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Location (if different): \_\_\_\_\_  
\_\_\_\_\_

Corporation: \_\_\_\_\_ Partnership: \_\_\_\_\_ Sole Proprietorship: \_\_\_\_\_

Year in Business: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Credit References — include at least 2 Transport Companies please.

In Order of:	Company	Contract Name	Address	Phone#
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

**Please complete and fax to 519.220.1272**