

495 Conestoga Blvd.
Cambridge, ON
N1R 7P4

P. (519) 220.0942
TF. 1.800.387.8544
F. (519) 740.7303

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