

Lakeside Logistics requests a credit inquiry on

in order to establish a line of credit.

By signing below we are giving the bank, authority to release this information to Lakeside Logistics Inc.

Signature:

Name:

Company:

Date:

Please fax this authorization back to Lakeside Logistics at 905-338-4035

1185A North Service Road, Oakville, Ontario, L6H 1A7
Phone: 905-338-4000 Fax: 905-338-4035 Toll Free: 1-800-387-7108
Website: <http://www.lakesidelogistics.com>
Email: Administration@Lakesidelogistics.com



CREDIT APPLICATION FORM

Legal Company Name: _____

Address: _____ City: _____ Prov/State: _____

Postal/Zip: _____ Phone: () _____ Fax: () _____

Accounts Payable Office: _____ Years Established: _____

Payment Terms: _____

Bank: _____ Manager's Name: _____

Address: _____ City: _____ Prov/State: _____

Phone Number: () _____ Account Number: _____

Transportation References

<u>Name</u>	<u>Phone</u>	<u>Contact</u>
1. _____	() _____ - _____	_____
2. _____	() _____ - _____	_____
3. _____	() _____ - _____	_____

We thank you for taking time and effort to provide us with the above information. The information you have provided will remain confidential and be used solely for credit purposes.

Signature: _____ Printed Name: _____

Title: _____ Date: _____