



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

Richard Kawli

Registration Form

CUSTOMER INFORMATION

Company Name:					
Address:					
City:		State		Postal Code:	
		:			
PHONE:		FAX:			
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. 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 ex 106

Fax: 1-866-598-3138
 Phone: 1-866-798-9577

FOR OFFICE USE ONLY	
Charge Account Code	
Effective Date	
Authorized by:	
Agreement Courier:	TR7
Agreement Truck:	TR7