



(403) 831- 1332 Nelle

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CUSTOMER APPLICATION FORM

Company Information		
GST#:		
Name of the Company:		
Shipping Address:		
City:	Province:	Postal Code:
Email:		Telephone:
Type of Business: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other		
Primary Contact Information		
Primary Contact Name:		Telephone:
Email:		Fax:
Account Payable Billing Information		
Contact Name:		Telephone:
Email:		Fax:
Shipment Information		
Approximate monthly account volume:		
Primary Shipping Location:		
Numbers of shipments per month:		
Will you need Pick/Up: <input type="checkbox"/> Yes <input type="checkbox"/> No		Will you need delivery: <input type="checkbox"/> Yes <input type="checkbox"/> No

Terms net 30 days from the date of invoice. A finance charge of 2% per month will be added to past due accounts.

Thank you for your business!