



**Client Profile**

LEGAL BUSINESS NAME \_\_\_\_\_

BUSINESS TYPE \_\_\_\_\_ NATURE OF BUSINESS \_\_\_\_\_

FIRM INCORPORATED \_\_\_\_ (Y/N) WHEN \_\_\_\_\_ WHERE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROV/STATE \_\_\_\_\_ POSTAL/ZIP \_\_\_\_\_

MAIN CONTACT: \_\_\_\_\_ TEL# \_\_\_\_\_ FAX# \_\_\_\_\_

ANNUAL REVENUE: \$ \_\_\_\_\_ CREDIT REQUESTED \* \$USD \* \$CAD \_\_\_\_\_

DUNS# \_\_\_\_\_

**BILLING INFORMATION**

NAME: \_\_\_\_\_ TEL# \_\_\_\_\_ EMAIL: \_\_\_\_\_

BILLING PREFERENCE: \* PAPER COPY \* EMAIL \* OTHER: \_\_\_\_\_

REFERENCE REQUIREMENTS ON INVOICE: \* PO# \* BOL# \* OTHER: \_\_\_\_\_

OTHER SPECIAL INSTRUCTIONS FOR BILLING: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**TRADE REFERENCES (At least 3 References: 2 of which must be transportation related)**

Company Name, City, Prov/State	Telephone #	Fax #	# Years

THE UNDERSIGNED AGREES ALL INVOICES WILL BE PAID WITHIN 30 DAYS OF INVOICE DATE.

SIGNATURE OF OFFICER \_\_\_\_\_ DATE \_\_\_\_\_

I have authority to bind the company.

PRINT NAME \_\_\_\_\_ POSITION \_\_\_\_\_

By signing this document the above applicant authorizes Tri-Tech Logistics to contact references for the purpose of obtaining information as required to facilitate the extension of credit.

**Fax back to 604-415-9899 or email your Tri-Tech Logistics' Account Representative.**