



**SECURED
COURIER**
L I M I T E D



greenteam
COURIER

100% People Power
Division of Secured Courier

CREDIT APPLICATION

PLEASE RETURN CREDIT APPLICATION BY FAX TO OUR OFFICE

Date: _____

Company Name: _____

Address: _____ Postal Code _____

Telephone No. _____ Fax: _____

Contact Person _____ Title: _____ Phone : _____

Email address of Contact Person; _____

Type of Business; _____ Lenght of Time in Business _____

Bank: _____ Telephone: _____ Fax: _____

Branch _____ Acct No _____

Contact Person _____

Business References:

Name: _____ Address: _____ Tel. No: _____

1. _____

2. _____

3. _____

How did you learn about Secured Courier? Referral Direct Mail Radio Other

Agreement:

Secured Courier Ltd. is hereby authorized to obtain information it considers necessary to process this credit application. The undersigned has authorized its bank to respond to our credit inquires. All invoices are due upon receipt. Any account that is not paid in full within 45 days suspended until paid in full. Interest charges will apply.

Company Name: _____

Name of Authorized Officer (please print): _____ Title: _____

Signature of Authorized Officer: _____ Date: _____