MEL MARTIN'S TRANSFER

BOX 3383
FORT SASK, AB T8L 2T3
FAX: (780) 992-0983
MELMARTINS.COM

CREDIT APPLICATION

PH: (780) 998-2429
LEANNE@MELMARTINS.COM

LEGAL COMPANY NAME: _____

BILLING ADDRESS: _____ CITY & POSTAL CODE: _____

MAILING ADDRESS: _____ CITY & POSTAL CODE: _____
(if different from above)

PHONE #: _____ FAX #: _____

Please provide the name of three (3) suppliers that you currently deal with including account numbers.

SUPPLIER: _____ **RECEIVABLES CONTACT:** _____

BILLING ADDRESS: _____ CITY & POSTAL CODE: _____

PHONE #: _____ FAX #: _____

SUPPLIER: _____ **RECEIVABLES CONTACT:** _____

BILLING ADDRESS: _____ CITY & POSTAL CODE: _____

PHONE #: _____ FAX #: _____

SUPPLIER: _____ **RECEIVABLES CONTACT:** _____

BILLING ADDRESS: _____ CITY & POSTAL CODE: _____

PHONE #: _____ FAX #: _____

PLEASE INDICATE HOW YOU WOULD LIKE TO BE INVOICED: ☐ **FAX** ☐ **EMAIL** ☐ **MAIL**

DO YOU REQUIRE COPIES OF WAYBILLS WITH EVERY INVOICE? ☐ **YES** ☐ **NO**

Please note our terms are Net 15.

X _____
NAME AND TITLE (PLEASE PRINT)

X _____
SIGNATURE