

Credit Application

Please complete the following credit application, signed, and return to info@v-ship.ca.

Company Name _____

Billing Address

Default Shipping Address

(If not the same as billing address)

Telephone# (____) _____

Default Shipping# (____) _____

Accounts Payable Contact _____ Ext. _____

Email for Invoicing _____

Email or Statements _____

Principal(s) _____

Operating Since _____

_____ Credit Limit Requested _____

Terms Requested:

☐ On Receipt ☐ 5 Days ☐ 10 Days ☐ 15 Days ☐ 20 Days ☐ 30 Days

I, _____ have reviewed and acknowledge the terms and conditions as outlined by V-SHIP Ltd.

Signature _____ Date _____

Credit Application

Trade References

** (Please supply an account number if necessary)

1. Company Name _____ Account Number _____
Address _____
Contact _____
Telephone # (_____) _____ Fax # (_____) _____
Email _____

2. Company Name _____ Account Number _____
Address _____
Contact _____
Telephone # (_____) _____ Fax # (_____) _____
Email _____

3. Company Name _____ Account Number _____
Address _____
Contact _____
Telephone # (_____) _____ Fax # (_____) _____
Email _____

Please ensure all fields are completed to avoid delays in application process. If you have any questions please contact the finance department at info@v-ship.ca.