

Vision Transportation Systems Inc.

7659 Bramalea Rd.
 Brampton, ON L6T 5V3
 1 800 558 4164
 www.visiontrans.com



Thank you for choosing **Vision Transportation Systems Inc.** for your transportation requirements. The following is a credit application we require for new customers, and request that you complete this form, and fax it to the attention of **Shannon Taylor** at 905-858-7320 or email to shannont@visiontrans.com. Thank you for your co-operation.

Company Information

Company Details	
Company Name:	
Address:	
Phone Number:	
Fax Number:	
Email Address:	
HST/GST Number:	
A/P Contact Name:	
Business Bank:	
Bank Address:	
Bank Account #:	

Invoicing Requirements:

Invoices are sent PDF by email

Requirement Details	
Email Address:	
Required Information on Invoice:	PO # _____ BOL# _____ Reference # _____
Payment Reference:	Check _____ EFT _____ Credit Card* _____

*Credit Card charges will apply. (Rate determined based on amount paid and Credit Card Company)

Vision Sales Representative:	
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Credit References:

Please include Transportation Companies presently extending credit arrangements.

	Reference #1	Reference #2	Reference #3
Company Name:			
Address:			
City, Prov./ST:			
Postal/Zip			
Phone Number:			
Fax Number:			
Email Address:			
Contact Name:			

In an increasingly cost conscious and competitive operating environment, *Vision* is required to pay its suppliers of goods and services within 30 days.

Timely collection of our receivables is therefore extremely important, and we ask you as a valued customer, to confirm to us your intention to honor our payment terms of 30 days from the date of invoice.

Your signature on this letter will confirm your understanding and agreement to respect **Vision Transportation Systems Inc.'s** payment terms of 30 days from date of invoice.

Thank you.

Signature: _____

Name: _____

Position/Title: _____

Date: _____