



Mittman Carriers Inc.  
 80 Minuk Acres  
 Scarborough, ON, M1E 4Y6

## Customer Onboarding Form

### Customer Information

Company Name:					
Address:					
City:		State:		Postal Code:	
Phone:		FAX:			
Email					

Type of Business:				
Years in Business:		Requested Monthly Credit:		
Contact Name:				
Previous Delivery Company:				

#### Bank Information

Bank Name:		Branch :			
Address:					
City:		State:		Postal Code:	
Phone:		Fax:			
Email:					

### Trade Reference

Company Name	Contact Person	Phone Number

As an authorized representative of the company, mentioned above. I am hereby requesting your service, on an as per need basis, as of the date mentioned below. All invoices will be paid in 30 days, Outstanding invoices will be charged 2% interest per month. This is agreed to by the two parties signing below in the City Of Toronto.

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use

Fax: 416-292-3347  
 Phone: 416-292-5556

<b>FOR OFFICE USE ONLY</b>	
Charge Account Code:	
Effective Date:	
Authorized By:	
Agreement Courier:	
Agreement Truck:	