



380 Bradwick Dr. Concord,
ON L4K 2W4
416-880-5194

service@capitalexpresstransport.com

Customer Information

Business Information

Full Trading Name _____
Limited Company Name (if different to above) _____

Trading Address: _____
_____ Post Code _____

Invoice Address (if different to above) _____
_____ Post Code _____

Company Registration No _____ Date of Incorporation _____

Nature of the Business _____

How Long has the Company been trading

Contact Information

Accounts Contact Name:- _____
Telephone Number:- (_____) _____ E-mail: _____

Please supply the names and addresses of two Trade References:-

i. Company Name:- _____ Trading
Address:- _____
_____ Post Code _____
Telephone Number:- (_____) _____ E-mail: _____

ii. Company Name:- _____ Trading
Address:- _____
_____ Post Code _____
Telephone Number:- (_____) _____ E-mail: _____

I hereby confirm that the information supplied above, to the best of my knowledge and belief, is true and complete. I also confirm that I have read and understand the terms and conditions of sale.

Signature Date