

PRIME TIME COURIER

New customer account application form

Please fill out this form and fax back to 780.447.3735
or email it back to livedispatch@primetimecourier.com

BUSINESS CONTACT INFORMATION

Legal Name of Business		
Operating as		
Address		
City / Postal Code		
Contact person		
Phone #		
Fax #		
Email #		

ACCOUNTS PAYABLE INFORMATION

if not the same

Legal Name of Business		
Operating as		
Address		
City / Postal Code		
Contact person		
Phone #		
Fax #		
Email #		

PAYMENT GUARANTEE

We require a credit card on file to guarantee payment. This card will **NOT** be used unless your account goes over 90 days.

Name on card		
Card Type		
Card #		
Expiration Date		
CCV Code		

By signing this form, I authorize Prime Time Courier to charge the above credit card for payment if my account is not paid within 90 days of the billing date

Name		
Signature / Date		

Date received	Date Approved	Assigned Customer #
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