



Application Form
for Rates

Application Form for Rates

COMPANY NAME

ADDRESS

CITY

PROVINCE

POSTAL CODE

TEL []

FAX []

E-MAIL

CONTACT NAME

INDUSTRY YOUR COMPANY OPERATES IN

AVERAGE YEARLY BUDGET

Delivery Information

AVERAGE NUMBER OF DELIVERIES PER DAY

AVERAGE NUMBER OF BOXES PER DELIVERY

AVERAGE WEIGHT PER BOX

DIMENSION OF AVERAGE BOX X X

POSTAL CODES OR CITIES DELIVERED TO REGULARLY

Current Suppliers

NAME TEL []

FAX []

ADDRESS

CITY

POSTAL CODE

NAME TEL []

FAX []

ADDRESS

CITY

POSTAL CODE

NAME TEL []

FAX []

ADDRESS

CITY

POSTAL CODE

Nature of Delivery

OVERNIGHT IF OVERNIGHT, IS THE PICK UP SCHEDULED OR UPON CALL

SAME DAY SERVICE SUPERFLY BUZZ TRANQUILLITY

SPECIAL COMMENTS OR INSTRUCTIONS (SATURDAY DELIVERY, SAME DAY INTER-CITY...)

Return by fax at 514.344.8188 / 1.888.299.8188