Account Activation Form



Company Name:	Phone Number:
Company Shipping Address:	
Address:	Postal Code:
City:	State or Province:
Primary Contact Name:	Primary Contact Email:
Primary Contact Phone:	
**Alternate contacts can be submitted via email surcharge will apply to your account.	to ar@criticalpath.ca. All Invoices are emailed in PDF format. If invoices require mailing, a
Please provide the email address you wi	h to receive invoicing:
Accounts Payable Contact:	AP Email Address:
AP Phone Number:	
AP Address (if different from shipping):	
Does your company require a mandatory For example: Referencing client account	reference value that can be utilized for traceability? or a particular DOCKET? Yes Please No Thanks
Approximately how much do you expect	o spend on courier per month?
Please provide credit number for monthly	billing. Credit Card # Exp. Date
A little bit about your company	
What is the year of your company's ince	tion? What is your proprietor's name?
What is his or her phone Number?	What is his or her email Address?
What is the nature of your business? (ie	Marketing, Advertising, Law Office)
How did you learn about Critical Path?	Referral Previous Company Our Vehicles Other:
is not received within an adequate amount of tin	nd on the 15th and the 30th of each month and payment is due upon receipt. However, if payment is, a credit hold may be put upon your account that would prevent the use of our services; until boutes regarding charges must be addressed to AR@CRITICALPATH.CA before the invoice becomes
	rstood that you have the authority within the company to create this account and chalf of your company with regard to all pertinent details that may arise.
Name	Title
Company	

It is our sincere pleasure to welcome you as a client with Critical Path. Our mission is to bring you the best possible service and more so that we may always be your transportation choice for local courier and out of town – near and far.

Anything. Anywhere. Anytime.

Sincerely, Critical Path