

D & R Courier – New Account Application Form

Please fill out the form and fax it back to D & R Courier. Fax Number 780-651-6111.

Legal name of business: _____

Full Mailing address: _____

Contact name Accounts Payable: _____

Phone number accounts payable: _____

Fax number accounts payable: _____

We require a credit card number to guarantee payment. The credit card will not be used unless your account goes over 60 days.

Name on card: _____

Card number: _____

CVC/CVV Code :(3 digit code on back of card-May be phoned in) _____

Expiry date: _____

I authorize D & R Courier to use my credit card for payment if my account is not paid within 60 days of the billing date.

X _____ **Date** _____

(Please sign and date)