



- Sameday
- Basic
- Rush
- Direct
- Overnight
- Cartage & Freight
- Volume Discount



On-Line Ordering and  
Tracking Available at

[www.centurycourier.ca](http://www.centurycourier.ca)

Call 905-828-9800  
or 416-675-0911



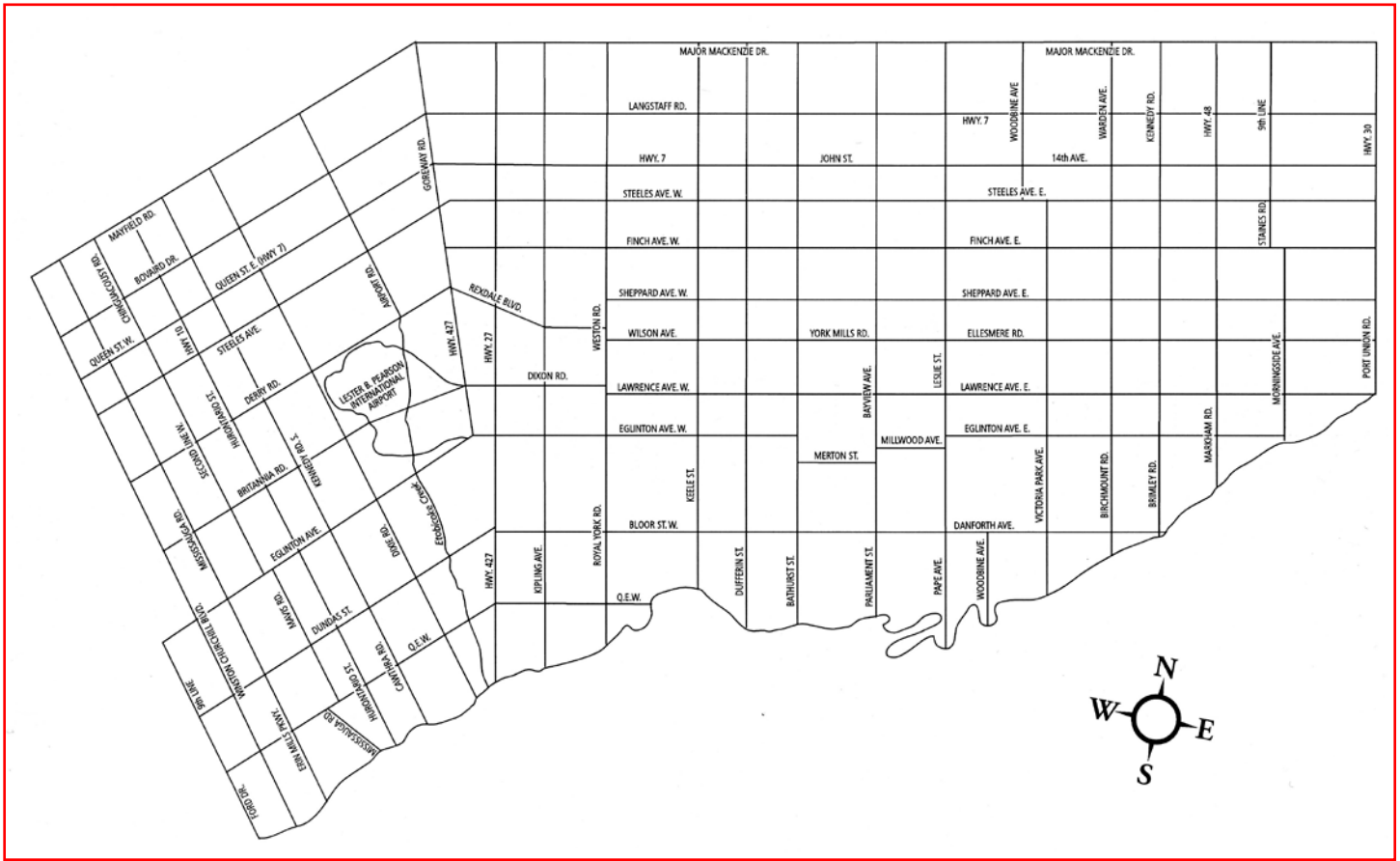
3350 Ridgeway Drive, Unit 5, Mississauga, ON L5L 5Z9



# GTA ZONES

(416) 675-0911

www.centurycourier.ca



## HOW TO CALCULATE RATES

*Line up the two points and count the number of zones diagonally*

### BASIC SERVICE – up to 4 hours

First zone \$5.00  
Each additional zone \$1.60

### RUSH SERVICE – up to 120 minutes

First zone \$7.50  
Each additional zone \$2.40

### EMERGENCY SERVICE – door to door

First zone \$10.00  
Each additional zone \$3.20

### OVERNIGHT SERVICE

Called in before 3:00 pm  
Delivered before 2:00 pm the next day  
First zone \$3.75  
Each additional zone \$1.00

### WAITING TIME

If over 5 minutes – 50 cents per minute

### NIGHT SERVICE – Includes Weekends & Holidays

After 6:00 pm to 7:59 am – Monday – Friday  
First zone \$15.00  
Each additional zone \$4.80

### WEIGHT CHARGES

Up to 5 pounds – FREE  
If over 2 kilograms – 15 cents per kilogram  
If over 5 pounds – 10 cents per pound

### VAN CHARGE

\$25.00

### WAGON CHARGE

\$15.00

### OUT OF TOWN RATES

Available upon request

**CREDIT APPLICATION FOR A BUSINESS ACCOUNT**

**BUSINESS CONTACT INFORMATION**

Company name:

Accounts Payable contact:

Phone:

Fax:

E-mail:

Registered company address:

City:

Province:

Postal Code:

Date business commenced:

Type of Business:

**BUSINESS AND CREDIT INFORMATION**

Billing address (if different from above):

City:

Province:

Postal Code:

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

Province:

Postal Code:

Type of account:

Account number

Savings

Checking

Other

**BUSINESS/TRADE REFERENCES**

Company name:

Address:

City:

Province:

Postal Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

Province:

Postal Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

Province:

Postal Code:

Phone:

Fax:

E-mail:

Type of account:

**AGREEMENT**

1. All invoices are to be paid 30 days from the date of the invoice.
2. By submitting this application, you authorize Century Courier Services Inc. to make inquiries into the banking and business/trade references that you have supplied.

**SIGNATURES**

Title:  
Date:

Title:  
Date: