



APPLICATION FOR CREDIT ACCOUNT

Legal Business Name _____

Operating/Trade Name(s) _____

Head Office Address _____ City _____ Prov/State _____

Postal/Zip _____ Tel# (____) _____ Website Address _____

Billing Address _____ City _____ Prov/State _____

Postal/Zip _____ Payables Tel#(____) _____ Payables Fax# (____) _____

Payables Contact Name _____ Payables Email Address _____

Shipping Address _____ City _____ Prov/State _____

(Street address, including door or unit #)

Are you GST Exempt? Yes/No Are you a Freight Broker? Yes/No Are you a Franchisee? Yes/No

Has your company used our service in the past? Yes/No **Credit Limit Requested** _____

(Based on monthly volume expected)

Type of Business _____ Number of years in Business _____

(current ownership)

Business Principal(s) _____

Name

Title

Name

Title

Trade Reference Names Telephone # Fax #

1 _____ (____) _____ (____) _____

2 _____ (____) _____ (____) _____

3 _____ (____) _____ (____) _____

Name of primary Bank Telephone # Fax #

_____ (____) _____ (____) _____

Bank Branch Address (Street, City, Prov/State) _____

Bank Account Number(s) _____

I(we) understand that freight bills are due and payable within 30 days from date of service. Interest will be charged on account balances over 30 days at a rate of 2% per month. In connection with my application for credit I(we) hereby consent that a credit investigation be conducted.

Signed _____ Title _____ Date _____

To: _____

From: _____

Fax #(____) _____

**Return completed form to Attn: Credit Manager,
Fax: (204) 958-5390**