



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