



## CREDIT APPLICATION

### COMPANY INFO

FULL NAME OF APPLICANT \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
POSTAL CODE \_\_\_\_\_ CITY \_\_\_\_\_  
PHONE # \_\_\_\_\_ FAX \_\_\_\_\_

### HEAD OFFICE ADDRESS \_\_\_\_\_

(If different from above)

PHONE # \_\_\_\_\_ FAX \_\_\_\_\_  
POSTAL CODE \_\_\_\_\_ CREDIT REQUIRED \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_ DATE COMMENCED \_\_\_\_\_  
TYPE OF OWNERSHIP: CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ INDIVIDUAL \_\_\_\_\_  
NAME OF SISTER COMPANIES OR ANY OTHER NAMES YOUR COMPANY IS KNOWN AS:  
\_\_\_\_\_

CUSTOMER BROKER INFO: NAME OF CDN BROKER \_\_\_\_\_  
NAME OF US BROKER \_\_\_\_\_

### COMPANY OFFICERS / OWNERS

1) NAME \_\_\_\_\_ POSITION \_\_\_\_\_  
2) NAME \_\_\_\_\_ POSITION \_\_\_\_\_

### BANK INFORMATION

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_ ACCT# \_\_\_\_\_  
ADDRESS/BRANCH \_\_\_\_\_

### CREDIT REFERENCES: (OTHER TRANSPORTATION COMPANIES PREFERRED, PLEASE DO NOT LIST COURIER OR UTILITY COMPANIES)

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

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ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

THE APPLICANT AGREES TO THE TERMS OF NET 30 DAYS FROM DATE OF INVOICE & NO MONTHLY STATEMENT WILL BE REISSUED. OVER DUE ACCOUNTS, ARE SUBJECT TO 2% INTEREST PER MONTH. ALL FREIGHT CHARGES MUST BE PAID BEFORE ANY CLAIMS CAN BE ACKNOWLEDGED. CLAIMS CANNOT BE DEDUCTED FROM ACCOUNTS RECEIVABLE.

SIGNED \_\_\_\_\_  
NAME & TITLE \_\_\_\_\_  
DATE \_\_\_\_\_

COMPANY USE ONLY  
APPROVED BY \_\_\_\_\_  
DATE \_\_\_\_\_  
ACCOUNT MANAGER \_\_\_\_\_