



CREDIT APPLICATION
Please Print Clearly

Please fax/send to Accounts Receivable
Connectrans Logistics Inc.
8160 Parkhill Drive,
Milton, Ontario L9T 5V7
Tel: 905-876-0227 Fax: 905-876-9961
Toll Free: 888-876-0227

FOR INTERNAL USE ONLY. PRIVATE AND CONFIDENTIAL.

THE INFORMATION FURNISHED WILL REMAIN CONFIDENTIAL AND WILL BE USED SOLELY FOR CREDIT PURPOSES.

Internal Use Only

Company Name: _____ Code: _____

Doing Business As: _____

Address: _____

City: _____ Prov./State: _____ Postal Code/Zip: _____

Tel.: (____) _____ Fax: (____) _____ Toll Free: _____

Billing Address: (If Different From Above) _____

City: _____ Prov./State: _____ Postal Code/Zip: _____

Accounts Payable Contact: _____ Tel.: (____) _____ Fax: (____) _____

Name of Person Making Application: _____ Position: _____

Name(s) of Proprietor(s) or Officer(s): _____ Title _____
1. _____
2. _____
3. _____
Check One of the Following:
[] Corporation
[] Partnership
[] Proprietorship
In business since: _____ Month _____ Year

Trade References: Please provide one transportation company as a reference.

1. Name: _____ Tel.: (____) _____
Address: _____ Fax: (____) _____

2. Name: _____ Tel.: (____) _____
Address: _____ Fax: (____) _____

Trucking Company Reference:
Name: _____ Tel.: (____) _____
Address: _____ Fax: (____) _____

Bank Reference:
Bank: _____ Branch: _____

Acct. Mgr.: _____ Tel.: (____) _____ Fax: (____) _____

Invoices due upon receipt and delinquent at thirty (30) days. A service charge of 2% per month will be charged on overdue accounts. I/we make application for credit terms and certify that the information given for the purpose of opening this account are true. I/we authorize verification of the above facts.

Signature of Applicant

Estimated Freight Volume Per Month: \$ _____ Signature of Sales Associate: _____

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Table with 6 columns: Date Approved/Revised, By, Date Approved/Revised, By, Date Approved/Revised, By. Rows include \$ Amount and signature lines.

Please use back for notes or additional information.