



## Request for Customer Account

Please indicate which entity you are applying for credit with:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> EL Farmer            | <input type="checkbox"/> McMurray Serv-U Expediting | <input type="checkbox"/> Total Transfer                  | <input type="checkbox"/> Westfreight Systems   |
| <input type="checkbox"/> La Crete             | <input type="checkbox"/> Rebel Transport            | <input type="checkbox"/> Velocity Supply Chain Solutions | <input type="checkbox"/> Winalta               |
| <input type="checkbox"/> Canadian Freightways | <input type="checkbox"/> TF Truckload & Logistics   |  | <input type="checkbox"/> National Fast Freight |

<b>Business Information</b>			<b>Description of Business</b>		
Legal Name:			Motor Carrier # or SCAC # :		
Billing Address:			GST # or Federal Tax ID # :		
City:                      Prov/ST:                      PC/Zip:			Trade name or DBA name:		
Billing Contact Data:    Ph (    )                      fax (    )			Requested Monthly Credit \$:                      Yearly Volumes \$:		
General Contact Data:    Ph (    )                      fax (    )			Age of Business:		
General Email:			Legal Form of Applicant: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship		
			Name of parent or affiliated company:		
<b>Corporate Representatives</b>					
<b>Name</b>		<b>Title</b>		<b>Email address</b>	
		President/CEO			
		CFO/Controller			
		Accounts Payable			
<b>Pick-Up Information</b> (if different from above)			<b>Delivery Address</b>		
Shipping Dept. Contact Name:			Shipping Address:		
Shipping Contact Data:    Ph (    )                      fax (    )			City:                      Prov/ST:                      PC/Zip:		
Nature of Business:			S/C # (Office use only):		
<b>Bank Reference</b>			Bank Location:		
Name of Bank:			City:                      Prov/ST:                      PC/Zip:		
Bank Account Number:			Bank Contact Data:    Ph (    )                      fax (    )		
<b>Trade References</b>					
<b>Company Name</b>		<b>Contact Name</b>		<b>Phone</b>	
<b>Customs Brokers</b> (if shipping cross border freight)					
<b>Location</b>	<b>Company Name</b>	<b>Contact Name</b>	<b>Phone</b>	<b>Fax</b>	<b>Email</b>
Canadian					
American					
<b>Broker Information</b>			<b>Billing details</b>		
Bond Holder:			Currency to bill in : USD <input type="checkbox"/> CAD <input type="checkbox"/>		
Amount of Bond:			Paperwork requirements (e.g. BOL,POD, PO#) :		
Details:			Invoice submission method: Email <input type="checkbox"/> Mail <input type="checkbox"/> Upload to portal <input type="checkbox"/>		
			Email address for invoicing:		
			Portal name (if uploaded):		
Additional comments:					
Please return completed applications to : <a href="mailto:accounts.receivable@TFEnergySolutions.com">accounts.receivable@TFEnergySolutions.com</a>					

By the signature of its authorized representative below, the Applicant confirms that this Application for Credit/Terms of Supply is the agreement it has made.

Name of signing Authority: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

**(Please print or type and complete in full. Incomplete applications will be returned unprocessed)**

TERMS OF CREDIT ARE NET 30 DAYS FROM ORIGINAL INVOICE DATE. ANY AMOUNT DUE AND NOT PAID WITHIN TERMS SHALL BE ASSESSED. A SERVICE FEE CALCULATED AT A RATE OF 2% PER MONTH (24% PER ANNUM). I/WE AGREE THAT TFES MAY OBTAIN A CREDIT REPORT WITH THIS APPLICATION AS WELL AS I/WE AUTHORIZE THE RECEIPT AND EXCHANGE OF CREDIT INFORMATION. TFES RESERVES THE RIGHT TO SUSPEND OR CANCEL CREDIT PRIVILEGES AT ITS SOLE DISCRETION. ANY QUESTIONS OR INQUIRIES CAN BE DIRECTED TO [accounts.receivable@tfenergysolutions.com](mailto:accounts.receivable@tfenergysolutions.com) OR by calling 1-800-431-6407

