

CREDIT APPLICATION

1201 CREDITSTONE ROAD, CONCORD, ON, L4K 0C2 PH. 416-798-4965

	INESS INFORMATION				
LEGAL BUSINESS NAME:	PHONE#:				
TRADE NAME/OPERATING AS:					
COMPLETE SHIPPING ADDRESS:					
BILLING ADDRESS (IF DIFFERENT FROM ABOVE):					
PHONE#:					
YEAR CURRENT BUSINESS STARTED:	YEAR CURRENT OWNERSHIP STARTED:				
TYPE OF OWNERSHIP: CORPORATION PARTNERSHIP	PROPRIETORSHIP LIMITED OTHER				
NATURE OF BUSINESS:	CREDIT REQUIRED: /MONTH				
D-U-N-S NUMBER: TAX EXEMPT:	YES NO IF YES, PLEASE PROVIDE GST/HST#:				
DOES YOUR COMPANY HAVE A WEBSITE YES NO IF Y	'ES, PLEASE SPECIFY:				
DOES YOUR COMPANY BELONG TO ANY PROFESSIONAL ASSOC	CIATION? YES NO IF YES, PLEASE SPECIFY:				
CON	ITACT INFORMATION				
A/P CONTACT NAME:	EMAIL:				
PHONE#:	HOW SHOULD WE SEND INVOICES: EDI EMAIL				
INVOICING EMAIL (IF DIFFERENT FROM A/P):					
PRINCIPLE(S) / OFFICERS(S):					
NAME (FIRST & LAST)	NAME (FIRST & LAST)				
TITLE:	TITLE:				
EMAIL:	EMAIL:				
BAN	KING INFORMATION				
BANK NAME:	ACCOUNT#: TRANSIT#:				
ADDRESS:	PHONE#:				
BANK REPRESENTATIVE/RELATIONSHIP MANAGER: (Please contact your local branch)					
BANK CONTACT EMAIL:					
CREDIT REFERENCES					
COMPANY NAME:	PANY NAME: PHONE #:				
NTACT: EMAIL:					
COMPANY NAME:	PHONE#:				
CONTACT:	EMAIL:				
OMPANY NAME: PHONE #:					
CONTACT:	EMAIL:				
THE APPLICANT AGREES TO THE TERMS OF NET 30 DAYS FROM DATE OF INVOICE AND NO MONTHLY STATEMENT WILL BE ISSUED. OVER DUE ACCOUNTS ARE SUBJECT TO 2% INTEREST PER MONTH (24% ANNUALLY). ALL FREIGHT CHARGES MUST BE PAID BEFORE ANY CLAIMS CAN BE ACKNOWLEDGED. CLAIMS CAN NOT BE DEDUCTED FROM ACCOUNTS RECEIVABLE. THE APPLICANT GRANTS PERMISSION AND AUTHORIZES THEIR BANK, TO PROVIDE A DETAILED BANK REFERENCE TO NATIONAL FASTFREIGHT. THE APPLICANT AGREES TO REIMBURSE NATIONAL FASTFREIGHT FOR ALL REASONABLE FEES, INCLUDING LEGAL AND COLLECTION FEES, INCURRED IN THE COLLECTION OF ALL OUTSTANDING RECEIVABLES.					
PRINT NAME SIGNATURE	TITLE DATE				
NATIONAL FASTFREIGHT COMPANY USE					
INATIONAL PASTFREIGHT CONIPANY USE					

30 DAY AUDIT REQUEST: (EMA <u>IL)</u>	EST. SALES:	DATE:		
ACCOUNT MANAGER:	ACCOUNT COD	E:		
COMPLETE & EMAIL TO: ACCOUNTS RECEIVABLE DEPT AT Creditapps@tfintermodal.com				