



1604 Moreland Avenue, Brandon, MB R7C 1A6

Telephone: (204) 726-1900

Fax: (204) 729-8862

APPLICATION FOR CREDIT

(Please Print)

COMPANY LEGAL NAME: _____

TRADE NAME: _____

DATE INCORPORATED _____ BUS. SINCE _____ # OF BRANCHES _____

ADDRESS: _____ CITY: _____

POSTAL CODE: _____ TELEPHONE: _____ FAX: _____

RELATED COMPANY'S _____ NATURE OF BUS. _____

IF BILLING ADDRESS IS DIFFERENT THAN ABOVE:

ADDRESS: _____ CITY: _____

POSTAL CODE: _____ TELEPHONE: _____ FAX: _____

COMPANY OFFICERS:

PRESIDENT _____ SECRETARY/TREASURER _____

CONTROLLER _____ ACCT'S PAYABLE CONTACT _____

NAME FREIGHT CARRIER(S) USED _____

REFERENCES:

	NAME	FAX #	TELEPHONE #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

NAME OF COMPANY BANK _____ TELEPHONE # _____

BANK ACCOUNT # _____ ACCOUNT MANAGER _____

TERMS OF CREDIT: ALL ACCOUNTS ARE NET 30 DAYS UNLESS OTHERWISE STATED.

Interest will be charges on overdue accounts at the rate of 2% per month/ 24% per annum.

CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY

I/We hereby certify that the information in the credit application is correct. The information included in this credit application is for use by Smooth Freight Ltd. in determining the amount and conditions of credit to be extended. I/We understand that Smooth Freight Ltd. may also utilize the other sources of credit which it considers necessary in making this determination. Further, I/We hereby authorize the bank and trade references listed in this credit application to release the information necessary to assist Smooth Freight in establishing a line of credit

DATE _____ SIGNATURE/TITLE _____

HEAD OFFICE USE ONLY

DATE _____ APPROVED BY _____ NEGATIVE OCCURENCES _____