

APPLICATION FOR CREDIT ACCOUNT

Date: _____ Amount applied for: _____ Sales Rep: _____

Legal Business Name: _____

Address: _____ Postal Code: _____

Telephone: () _____ Alternative() _____ Fax: () _____

Operating Since: _____ Owners Name: _____

Bank Reference: Name: _____ Address: _____ Telephone: () _____ Account # _____ Contact: _____
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Credit References: Principal Suppliers		
Name	Contact	Telephone
1). _____	_____	_____
2). _____	_____	_____
3). _____	_____	_____

Accounts Payable Contact: _____ Telephone () _____

Freight Payment Service (if applicable) Name _____

By signing this application, I hereby agree that all invoices for services are due within 15 days of date of invoice. I further warrant that there are no judgements or executions against the business or any of the owners. I authorize Pro Way Freight Systems Inc. to obtain any credit information regarding our business as they see fit.

Signed: _____ Name (please print) _____

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