



APPLICATION FOR CREDIT ACCOUNT

Legal Business Name _____

Operating/Trade Name(s) _____

Head Office Address _____ City _____ Prov/State _____

Postal/Zip _____ Tel# (____) _____ Website Address _____

Billing Address _____ City _____ Prov/State _____

Postal/Zip _____ Payables Tel# (____) _____ Payables Fax# (____) _____

Payables Contact Name _____ Payables Email Address _____

Set up for Email billing Yes / No _____ **Email address (if different than above)** _____
(ADP Open Invoicing also available) (One email address only)

Shipping Address _____ City _____ Prov/State _____

Are you GST/HST Exempt? Yes No Are you a Freight Broker? Yes No Are you GST Zero-Rated? Yes No

Are you a Franchisee? Yes No Has your company used our services in the past? Yes No

Business Principal(s) _____ Number of years in Business _____
(Current Ownership)

Type of Business _____ **Credit Limit Requested** _____
(Based on monthly volume expected)

Trade References	Trade 1	Trade 2	Trade 3
Company Name:	_____	_____	_____
Telephone #:	_____	_____	_____
Email Address: (email is mandatory)	_____	_____	_____

Name of Primary Bank _____ **Telephone #** _____ **Fax #** _____
(____) _____ (____) _____

Bank Branch Address (Street, City, Prov/State) _____

Bank Account Number(s) _____

I(we) understand that freight bills are due and payable within 30 days from billing date and agree that payment of freight or miscellaneous charges will not be reduced or withheld because of claims against the carrier. Interest will be charged on account balances over 30 days at a rate of 2% per month. In connection with my application for credit I(we) hereby consent that a credit investigation be conducted.

Signed _____ Title _____ Date _____

To: _____ From: _____ Sales # _____
Return signed completed form to:
credit@frenchtransport.ca