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CUSTOMER APPLICATION FOR CREDIT

NAME IN FULL:		
(Trade Name) CORPORATION		<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/>
Local Address:		
City:	Province:	Postal Code:
Phone #:	Fax #:	E-Mail:
Head Office Address if different than above:		
City:	Province:	Postal Code:
Phone #:	Fax #:	E-Mail:
Principals/Owners:		
Principals/Owners:		
Type of Business:	Date Company commenced Operations:	
Name of Bank:	Address of Bank:	
List one Transportation Company with whom you have established a credit account:		
Trade Reference:	Phone #:	Fax #:
Trade Reference:	Phone #:	Fax #:
Trade Reference:	Phone #:	Fax #:
Approximate amount of Monthly Credit required: \$		
Please mail statements to <input type="checkbox"/> Local Office <input type="checkbox"/> Head Office		
A/P contact :	Operations contact :	
Other billing instructions :		
Our Terms : Accounts are due 30 days from day of billing or 7 days from day of statement, whichever is earlier		

SIGNED _____



September 10, 1994

DATE _____

Please complete and return to: (780) 672-4155