



ServiceFreight
SYSTEMS

 servicefreight.com

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CONFIDENTIAL CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

| | | |
|---------------------------------|--------------------------------|--------|
| Legal name: | | |
| Phone: | Fax: | Email: |
| Registered company address: | | |
| Date business commenced: | | |
| President (name & ext.): | Controller (name & ext.): | |
| Accounts payable (name & ext.): | Freight contact (name & ext.): | |

BUSINESS AND CREDIT INFORMATION

| | | |
|---------------------------------------|-------------------------------|-------------------------|
| Billing address: | | |
| Business property: (please check one) | Owned | Leased/rented |
| Ownership: (please check one) | Sole proprietorship | Partnership Corporation |
| DUNS#: | Business Registration number: | |
| Monthly credit required: | Annual sales: | |
| Bank name: | Bank contact: | |
| Bank address: | | |
| Type of account | Account number | |
| Savings | | |
| Chequing | | |
| Other | | |

BUSINESS/TRADE REFERENCES

| | | |
|---------------|-----------------|--------|
| Company name: | Contact person: | |
| Address: | | |
| Phone: | Fax: | Email: |
| Company name: | Contact person: | |
| Address: | | |
| Phone: | Fax: | Email: |
| Company name: | Contact person: | |
| Address: | | |
| Phone: | Fax: | Email: |

BILLING INSTRUCTIONS

| | | | |
|------------------------------|--------|-----|------|
| Invoices to be submitted by: | Email | Fax | Mail |
| Name: | Email: | | |

AGREEMENT

1. All invoices are net 30 days from the date of the invoice.
 2. By submitting this application, you authorize Service Freight Systems Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURE

| | | |
|-------|--------|------------|
| Name: | Title: | Signature: |
|-------|--------|------------|