*Transborder Trucking Specialists*
85 Rosedale Ave. West # 5 Brampton ON L6X 4H5 Tel :( 905) 450-6611 Fax: (905) 450-6697
www.roadshark.ca

**CREDIT APPLICATION**

LEGAL NAME……..OPERATING AS……

PHYSICAL ADDRESS…….....

MAILING ADDRESS (IF DIFFERENT)…….....

TEL:…… TEL (2):…… FAX:……..** EMERGENCY TEL: ……

OFFICE HRS……. SHIPPING / RECEIVING HRS (IF DIFFERENT)……..

OWNER(S)……IN BUSINESS SINCE……..

TYPE OF BUSINESS……...

A/P MANAGER…… TEL:……EXT……...FAX:……..…....

CORPORATION ☐ SOLE PROPERIETORSHIP ☐ PARTNERSHIP ☐

NAME OF FINANCIAL INSTITUITION……

ADDRESS……...ACCT. MANAGER……..

ACCT#.....TEL: …….. ……FAX: ……BILLING CURRENCY CAD ☐ USD ☐

INBOUND CUSTOMS BROKER…… ACCT#..... TEL……..……...FAX: …….....

OUTBOUND CUSTOMS BROKER……..... ACCT#..... TEL:……FAX:…….....

**CREDIT REFERENCES**

1) COMPANY NAME……..TEL:…… ……FAX:……...

2) COMPANY NAME…… ……..TEL:……FAX:……...

3) COMPANY NAME……...TEL:…….……FAX:…….

4) COMPANY NAME……...TEL:…….……FAX:…….

OUR CREDIT TERMS ARE NET 30 DAYS. IF NOT PAID WITHIN 60 DAYS, INTEREST IN THE AMOUNT OF 2% / MTH ACCUMULATED DAILY WILL BE ADDED TO YOUR BALANCE BEGINNING AT 30 DAYS FOLLOWING THE INVOICE DATE. IF PAID WITHIN 60 DAYS, NO INTEREST WILL APPLY.NO FREIGHT CHARGES SHOULD BE WITHHELD IN THE EVENT OF CLAIM OR LITIGATION.

…….. …… ……..……

PRINT NAME SIGNATURE DATE