

FAX: (905) 336 0382

Completed By:

Signature:

Print Name

CREDIT APPLICATION

Customer #: _____ Company: Amt of Credit Requested: Address: _____ City:_____ Prov/State: Postal/Zip: _____ _____ City: ____ Billing Address: Tel: _____ Toll Free: _____ Fax: _____ E-Mail Address: Type of Business: _____ Operating Since: ____ Funds: CAD() USD() President or Owner: _____ Controller/Gen. Mgr: _____ Accounts Payable Contact: Tel/Ext.#'s: Inbound Customs Broker: Tel: Fax: Outbound Customs Broker: _____ Tel: ____ Fax: ____ BANKING INFORMATION Bank: _____ Line of Credit: _____ Address: _____ Account No.: ____ Contact: _____ Fax: _____ CREDIT INFORMATION References (please include 1 transportation and 2 trade references): Tel: _____ Fax: _____ Tel: _____ Fax: _____ Tel: _____ **Terms and Conditions of Credit** The applicant for credit understands and agrees to the following list of conditions 1. Terms of payment are "net 7 days" from the date of invoice 2. The applicant will accept shipment liability limited to \$2.00 per lb unless otherwise agreed to in writing by Onyx Freight. 3. The applicant gives authorization to obtain information related to this application from relevant sources and those sources are authorized to provide such information. 4. The applicant will immediately notify Onyx Freight of any changes in their business name or address. 5. That all information herein this application is warranted to be true and accurate and has been provided for the purpose of obtaining credit.

Title:

Date: _____