



TRAILWAYS

Transportation Group

Credit Application

Credit Requested: \$

Business Information		
Business Name:		
Registered Business Address:		
Business Address Line 2:		
Year Established:	# of Employees:	Annual Shipping Budget:
Contact Name:	Phone #:	Email:
A/P Name:	Phone #:	Email:
US Customs Broker:	CAD Customs Broker:	
Bank Information		
Bank Name:		
Bank Address:		
Account Manager:	Phone #:	Email:
Account #:		
Assignment of A/R -	Yes No	If yes, Company Name:
Business/ Trade References		
Business Name:	Phone #:	Email:
Business Name:	Phone #:	Email:
Business Name:	Phone #:	Email:

Credit Agreement

All invoices are to be paid 30 days from the date of the invoice. Claims arising from invoices must be made within seven working days. By submitting this application, you authorize Trailways Transportation Group Inc. to make inquiries into the banking and business/trade references that you have supplied also to perform a business credit check.

Authorized Representative Name

Authorized Representative Name

Date