



32915-Mission Way
Mission B.C. V2V 6E4
(604) 826-3844 Toll Free: 1-877-780-2288
Fax: (604) 826-3845

CREDIT APPLICATION- MUST BE COMPLETED IN FULL

COMPANY NAME: _____

PHYSICAL ADDRESS: _____

_____ POSTAL CODE _____

BILLING ADDRESS (if different): _____

_____ POSTALCODE _____

PHONE: _____ FAX: _____ TOLL-FREE: _____

NAME OF PRINCIPAL OWNERS/SHAREHOLDERS:

_____ TITLE: _____

_____ TITLE: _____

PAYABLES CONTACT: _____ PHONE: _____

NATURE OF BUSINESS: _____ YEARS IN BUSINESS: _____

ARE YOU A BROKER?- YES/NO If Yes, attach copy of Bond

GST EXEMPTION NUMBER: _____ REQUESTED LIMIT: _____

What are your payment terms(circle one): less than 30 /30-60days /60-60 days/ over 90

Do you require proofs of delivery - FAXED/ MAILED/ ORIGINALS/ NONE

Do you require any other information in order to expedite our payment? _____

CORPORATE BANK: _____ ACCOUNT # _____

ADDRESS: _____

ACCOUNT MANAGER: _____ PHONE: _____

CREDIT REFERENCES (if carrier, please include at least 3 carriers, if possible).

COMPANY: _____ PHONE: _____ FAX: _____

ADDRESS: _____

COMPANY: _____ PHONE: _____ FAX: _____

ADDRESS: _____

COMPANY: _____ PHONE: _____ FAX: _____

ADDRESS: _____

COMPANY: _____ PHONE: _____ FAX: _____

ADDRESS: _____

COMPANY: _____ PHONE: _____ FAX: _____

ADDRESS: _____

STATEMENT OF AGREEMENT: I understand and agree to allow T-lane Transportation to use the above information and to contact the noted references as part of a credit inquiry regarding this company. I understand that should credit privileges be granted, all invoices are due thirty days from the date of invoice. Overdue invoices are subject to an interest charge of 2% per month.

NAME : (Please print) _____ TITLE: _____

SIGNATURE: _____ DATE: _____

Office Use Only -References Checked: _____ Credit Approved: _____ Limit: _____