



CUSTOMER APPLICATION FOR CREDIT ACCOUNT

Return to: Fax 1-204-415-3395 ** Must fill in name, A/P contact & signature **

Legal Business Name: _____

Trade Name dba: _____ **Duns #** _____

Address: _____

City/Prov/State: _____ **Postal/Zip Code:** _____

Telephone No.: _____ **Fax:** _____ **Website:** _____

Head Office (if applicable)

Address: _____

City/Prov/State: _____ **Postal/Zip Code:** _____

Telephone No.: _____ **Fax:** _____ **E-mail:** _____

Send Statement to Local or Head Office? _____ **Is POD Required** _____

List any special billing instructions: _____

Accounts Payable Contact _____ **Ext #** _____

A/P email: _____

Business Principals: _____ **Title:** _____

Business Principals: _____ **Title:** _____

Date Business Started: _____ **Credit Amount Required \$** _____

Nature of Business: _____ **ICC# or MC #** _____

GST #: _____

Trade References

	Name	Address	Phone #	Fax
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Bank Reference(s)

	Name	Address	Phone #	Acct #	Fax
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____

I (WE) UNDERSTAND THAT FREIGHT BILLS ARE SENT TO US ON A DAILY BASIS AND ARE PAYABLE WITHIN 30 DAYS FROM DATE OF BILLING. "IN CONNECTION WITH MY APPLICATION FOR CREDIT, I HEREBY CONSENT TO & AUTHORIZE BEST-WAY CARGO MANAGEMENT INC. TO CONDUCT AN INVESTIGATION, INCLUDING OBTAINING CREDIT INFORMATION". BEST-WAY CARGO MANAGEMENT INC. RESERVES THE RIGHT TO CHARGE INTEREST ON ACCOUNT BALANCES OVER 30 DAYS AT A RATE OF 1.5% PER MONTH OR 18% PER ANNUM. IT IS UNDERSTOOD THAT CREDIT CAN BE WITHDRAWN WITHOUT PRIOR NOTICE.

Signed _____	Title _____
Date _____	Print Name _____