



# CREDIT APPLICATION

FAX: (905) 336 0382

Customer #: \_\_\_\_\_

Company: _____	Amt of Credit Requested: _____	
Address: _____	City: _____	
Prov/State: _____	Postal/Zip: _____	
Billing Address: _____	City: _____	
Prov/State: _____	Postal/Zip: _____	# Of Employees _____
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: _____

<b>BANKING INFORMATION</b>		
Bank: _____	Line of Credit: _____	
Address: _____	Account No.: _____	
_____		
Contact: _____	Tel: _____	Fax: _____

<b>CREDIT INFORMATION</b>	<b>References (please include 1 transportation and 2 trade references):</b>
1. _____	Tel: _____
	Fax: _____
2. _____	Tel: _____
	Fax: _____
3. _____	Tel: _____
	Fax: _____

## 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-Works.
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-Works 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.

Completed By: \_\_\_\_\_ Title: \_\_\_\_\_  
Print Name

Signature: \_\_\_\_\_ Date: \_\_\_\_\_