

**CREDIT APPLICATION**

**FAX: (905) 293-9822**

**Sales Representative:** \_\_\_\_\_

**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: _____

**BANKING INFORMATION**

Bank: _____	Line of Credit: _____
Address: _____	Account No.: _____
_____	
Contact: _____	Tel: _____ Fax: _____

**CREDIT INFORMATION**

**References (please include 1 transportation and 2 trade references):**

1. _____	Tel: _____
	Fax: _____
2. _____	Tel: _____
	Fax: _____
3. _____	Tel: _____
	Fax: _____

I hereby apply for credit with Everest Transport Services Inc. I understand that the terms of payment on this account are "NET 7 DAYS" and I agree to pay the account on that basis. I warrant and confirm that the information given herein is true and accurate, and I understand that it is being used to determine my credit responsibility. You are authorized to obtain any information you may require relative to this application from any source to which you may apply and each such source as such is hereby authorized to provide you with such information. I also accept liability limited to \$2.00/lb. unless agreed to in writing by Everest.

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

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