

## CUSTOMER CREDIT APPLICATION

(PLEASE COMPLETE THIS FORM AND FAX IT TO 905-696-1978)

Or

E-Mail to [accounting@wellingtonmotorfreight.com](mailto:accounting@wellingtonmotorfreight.com)

COMPANY INFORMATION		
BUSINESS NAME:		
LEGAL ADDRESS:		
CITY:	PROV/STATE:	POSTAL/ZIP:
PHONE:	FAX:	
NATURE OF BUSINESS:		
NAMES OF OWNERS/DIRECTORS:		
DATE ESTABLISHED:	REQUESTED CREDIT AMOUNT:	
BANK REFERENCES		
BANK NAME:	CONTACT NAME:	
MAILING ADDRESS:		
CITY:	PROV/STATE:	POSTAL/ZIP:
PHONE:	FAX:	
TRADE REFERENCES		
1. NAME:		
MAILING ADDRESS:		
CITY:	PROV/STATE:	POSTAL/ZIP:
PHONE:	FAX:	
2. NAME:		
MAILING ADDRESS:		
CITY:	PROV/STATE:	POSTAL/ZIP:
PHONE:	FAX:	
3. NAME:		
MAILING ADDRESS:		
CITY:	PROV/STATE:	POSTAL/ZIP:
PHONE:	FAX:	
CONTACT INFORMATION		
ACCOUNTS PAYABLE / CONTROLLER:		
PHONE:	FAX:	
EMAIL:		
<small>Upon approval of this application, invoiced amounts should be paid in full within 30 days of invoice date. Interest of any unpaid amounts will be charged at a rate of 2% compounded monthly (24% annually) The customer hereby agrees that all accounts will be paid in accordance with these terms and conditions. Wellington Motor Freight Limited reserves the right to withhold, cancel or modify credit privileges and terms, including the rate of interest at its discretion. NOTICE Wellington Motor Freight Limited may obtain credit information, in the form of credit report or other relating to the customer guarantor, upon processing the initial application, at the time of any renewal or extension of credit, or when deemed appropriate to evaluate the company's financial situation.</small>		
COMPANY NAME:		
NAME OF AUTHORIZED PERSON:	DATE:	
AUTHORIZED SIGNATURE:	DATE:	