Comox Valley DISTRIBUTION LTD.

Squamish FREIGHTWAYS LTD.

APPLICATION FOR CREDIT ACCOUNT

Legal Business Name _____

Operating/Trade Name(s) _____

Head Office Address_____City_____ Prov/State_____

Postal/Zip _____Tel# (_____)_____ Website Address _____

Billing Address _____City _____ Prov/State_____

Postal/Zip _____ Payables Tel#(_____)_____ Payables Fax# (_____)_____

Payables Contact Name _____ Payables Email Address _____

Shipping Address _____City _____ Prov/State_____
(Street address, including door or unit #)

Are you GST Exempt? Yes/No Are you a Freight Broker? Yes/No Are you a Franchisee? Yes/No

Has your company used our service in the past? Yes/No **Credit Limit Requested**_____
(Based on monthly volume expected)

Type of Business _____ Number of years in Business _____
(current ownership)

Business Principal(s) _____ _____
Name Title Name Title

Trade Reference Names	Telephone #	Fax #
1_____	(_____)_____	(_____) _____
2_____	(_____)_____	(_____) _____
3_____	(_____)_____	(_____) _____

Name of primary Bank	Telephone #	Fax #
_____	(_____)_____	(_____) _____

Bank Branch Address (Street,City,Prov/State) _____

Bank Account Number(s) _____ _____

I(we) understand that freight bills are due and payable within 30 days from date of service. Interest will be charged on account balances over 30 days at a rate of 2% per month. In connection with my application for credit I(we) hereby consent that a credit investigation be conducted.

Signed _____ Title _____ Date _____

To: _____ From:_____

Fax #(_____) _____

Return completed form to Attn: Credit Manager,
Fax: (204) 958-5390