Comox™ **COMOX PACIFIC EXPRESS LTD.** Squamish™

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: _____ Sales # _____

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

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