

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** _____

Set up for Email billing Yes / No	Email address (if different than above) _____
<small>(ADP Open Invoicing also available)</small>	<small>(One email address only)</small>

Shipping Address _____ **City** _____ **Prov/State** _____

Are you GST/HST Exempt? Yes No Are you a Freight Broker? Yes No Are you GST Zero-Rated? Yes No

Are you a Franchisee? Yes No Has your company used our services in the past? Yes No

Business Principal(s) _____ **Number of years in Business** _____
(Current Ownership)

Type of Business _____ **Credit Limit Requested** _____
(Based on monthly volume expected)

Trade References	Trade 1	Trade 2	Trade 3
Company Name:	_____	_____	_____
Telephone #:	_____	_____	_____
Fax #:	_____	_____	_____
Email Address:	_____	_____	_____

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 billing date and agree that payment of freight or miscellaneous charges will not be reduced or withheld because of claims against the carrier. 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 # _____

Return signed completed form to:
Fax: (204) 958-5390 or Email: credit@rbsbulk.com, Attn: Credit Manager