

APPLICATION FOR CREDIT

Please ensure that this application is signed before faxing back.

20 Casebridge, Scarborough ON M1B 3M5

Phone: (416) 636-1444

Toll: (888) 636-1444

Fax: (416) 636-1442

Client Information

Date: _____

Client: _____ Address: _____

City/Town: _____ ST/PR: _____ ZIP/PC: _____

Phone: _____ Fax: _____

A/P Contact: _____ Phone: _____ Ext: _____

Owner: _____ Years in Business: _____

Business Type: _____

Days of Operation: _____ Hours of Operation: _____

CDN Customs Broker: _____ Phone #: _____

US Customs Broker: _____ Phone #: _____

Are you or have you ever been: Bankrupt _____ Discharged _____

Is a purchase order required to do business: Yes _____ No _____

Banking Information

Bank Name: _____ Address: _____

City/Town: _____ ST/PR _____ ZIP/PC: _____

Account #: _____ Contact: _____

Phone: _____ Fax: _____

Trade References (please include 3)

Reference 1: _____ Address: _____

City/Town: _____ ST/PR _____ ZIP/PC: _____

Contact: _____ Phone: _____ Fax: _____

Reference 2: _____ Address: _____

City/Town: _____ ST/PR _____ ZIP/PC: _____

Contact: _____ Phone: _____ Fax: _____

Reference 3: _____ Address: _____

City/Town: _____ ST/PR _____ ZIP/PC: _____

Contact: _____ Phone: _____ Fax: _____

Please read and sign below

I/We hereby authorize Total Transportation Solutions Inc. to obtain credit reports necessary to establish a credit account. I/We understand the terms for payment are 30 days from the date the invoice is printed and agree to pay Total Transportation Solutions Inc. per these terms. A 2% interest charge per month on any balance over the 30 day term will be honoured. **CREDIT PRIVILEGES WILL BE SUSPENDED ON ALL OVERDUE ACCOUNTS.** I have the authority to bind the corporation.

Officer Name: _____ Date: _____

Officer Signature: _____

TTS's Use Only

Credit Level: \$

Authorized By: _____

Date Approved: _____