



Credit Application

Customers Legal Name _____	Proprietorship _____
Street Address _____	Partnership _____
City _____ Province _____ Postal Code _____	Incorporated _____
Contact _____ Phone _____ Fax _____	email _____

Address where invoices are mailed if different than above

Name _____
Address _____ City _____ Province _____ Postal Code _____
AP Contact _____ Phone _____ Fax _____
email _____

Company Information

Name of Companies Officers	Address	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

Transportation Trade References

Name	Address	Contact	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Bank References

Bank Name and Address	Contact Name	Phone Number
_____	_____	_____
_____	_____	_____

Amount of Credit Requested per Month _____

I/We the undersigned certify that the above information is correct. I/We agree that the usual credit inquiries may be made at anytime regarding credit hereby applied for, and consent to the disclosure of any information concerning the undersigned to any credit reporting agency, person, or firm with whom the undersigned has or may have financial relations or as Peak Logistics Ltd. believes to be required. Balances are due in full, 30 days from date of shipment unless other wise agreed in writing by Peak Logistics Ltd. The undersigned hereby represents that they have the authority to execute this application.

Authorized Signature _____ Date _____ Title _____