

BUSINESS CREDIT APPLICATION

A

Business name: _____ Phone number: () _____

Billing address: _____ FAX number: () _____

City: _____ State: _____ Zip: _____ Street address: _____

A/P contact name: _____ City _____ State _____ Zip _____

Phone number if different from above: () _____ E-mail address: _____

Phone number if different from above: () _____ DUN's # _____

GENERAL BUSINESS INFORMATION

B

Type of business: _____ Officer's name & title: _____

Are purchase orders required? _____

How long has Applicant been in business? _____ Officer's name & title: _____

How long has Applicant been at present location? _____

Can you anticipate your monthly volume with us? _____ Officer's name & title: _____

BANK REFERENCE

C

Bank name: _____ Officer handling: _____

City _____ State _____ Postal _____ Phone number: () _____

BUSINESS CREDIT REFERENCE

References should be locally-based business with which you have already established and have activate credit. Lawyers, doctors and bankers are not considered credit references. Office supply stores, delivery services, printing companies, coffee services, etc. would be suitable references.

Please include account number with company names. TO AVOID ANY DELAY IN PROCESSING, COMPLETE IN FULL.

ALL INFORMATION TO BE HELD IN CONFIDENCE.

D

1. Company _____ Street address _____

City _____ State _____ Zip Code _____ Phone # () _____

2. Company _____ Street address _____

City _____ State _____ Zip Code _____ Phone # () _____

3. Company _____ Street address _____

City _____ State _____ Zip Code _____ Phone # () _____

Applicant certifies that the above information is true and correct. Applicant also represents and agrees (1) that the merchandise to be purchased and the credit requested are solely for business or commercial purposes and not for personal, family or household purposes, (2) that invoices are net and due 30 days from invoice date, (3) that any invoice amounts not paid within 30 days after the date due shall bear interest at the maximum nonusurious rate permitted by law (currently 18% per annum) from the date due until paid, (4) to pay any and all costs of collection (including without limitation reasonable attorney's fees) incurred by Explorer Trucking in collecting any overdue account, and (5) that you are authorizing Explorer Trucking to contact the above references as well as any credit reporting services or other sources in determining whether to extend credit to applicant, and to report information regarding applicant's account.

E

Date: _____ Signed _____

Name _____

Title _____

Completion of Section A, B & E is **REQUIRED**.
 If desired, you may send your own company pre-printed form (if available) to complete
Section C and D

Return COMPLETED application to:
 Explorer Trucking Inc.
 3350 Ridgeway Drive, Unit 8
 Mississauga, ON L5L 5Z9
 Phone: 905-293-9922
 Fax: 905-608-0449

Credit approved

By: _____ Date: _____

Rate: _____ Amt: _____

Customer number: _____