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| **CREDIT APPLICATION / INFORMATION FORM**  (All sections must be completed. All information is confidential) |
| **BUSINESS CONTACT INFORMATION** |
| **EMO Trans Account Representative:**  |
| Company Name:       |
| Address:       |
| City:       | Province:       | Postal Code:       |
| Accounts Payable Contact:       | Title:       |
| Phone:       | Fax:       | Email:       |
| Year of Incorporation:       | GST/HST#       | Required Cargo Insurance: [ ] Yes [ ] No |
| Type of service: [ ] Freight [ ] Brokerage [ ] Both  | Type of business: [ ] Proprietorship [ ] Corporation |
| Credit Limit Requested (Freight):        | Credit Terms Requested (Freight):        |
| Credit Limit Requested (Brokerage):        | Credit Terms Requested (Brokerage:        |
| Corporate Officer Name:       | Title:       |
| Corporate Officer Name:       | Title:       |
| **BANK REFERENCE** |
| Bank Name:       | Phone:       |
| Address:       |
| City:       | Province:       | Postal Code:       |
| Accounts Contact:       | Fax:       |
| **TRADE REFERENCES** *(PLEASE LIST MINIMUM OF 3 BUSINESSES THAT ARE CURRENTLY SUPPLYING YOU WITH AT LEAST $1,000 CREDIT)* |
| Company Name:       |
| Address:       |
| City:       | Province:       | Postal Code:       |
| Phone:       | Fax:       | Email:       |
| Company Name:       |
| Address:       |
| City:       | Province:       | Postal Code:       |
| Phone:       | Fax:       | Email:       |
| Company Name:       |
| Address:       |
| City:       | Province:       | Postal Code:       |
| Phone:       | Fax:       | Email:       |
| **TERMS AND CONDITIONS** |
| Overdue Interest: 2% per month // 26.8% per annum |
| I the undersigned, represent that the above information is honest and accurate as of the date thereof. I agree that any false information may result in the denial of credit by EMO Trans Canada. My signature below gives EMO Trans Canada permission to obtain business and/or personal credit information from the sources that EMO Trans Canada deems necessary. I acknowledge the following: the credit information obtained will be confidential by EMO Trans Canada, and the terms agreed in the contract is to be followed as granted. I agree to understand the following: I will submit payment for all invoices and/or air waybills according to the terms and conditions set by EMO Trans Canada. Late payment for all past invoices and/or airway bills will result in an additional fee of 2% per month or 26.8% per annum**.** I agree that any incurred expenses by EMO Trans Canada in collections for debt will be my responsibility. If the debts get referred to an attorney, I agree to pay a reasonable attorney fee. I authorize my bank to release all pertinent information to the EMO Trans Canada representative. |
| **x** | **x**       | Click or tap to enter a date.  |
| Name of Authorized Officer  | Signature of Authorized Officer  | Date *(Y-M-D)* |

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| **TO BE COMPLETED BY EMO TRANS CANADA**(For Internal Use Only) |
| Amount Granted (Freight):  | Terms (Freight):  | Date |
| Amount Granted (Brokerage):  | Terms (Brokerage):  |
| Authorized By:  | Signature:  |

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| Notes:  |