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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: |