North America's Transportation Service

National Account Credit Application

Company:	Nature of Business:
Address:	City:
Province:	Postal Code:
Date Commenced:	Type of Business: (Corp) ____ (Part) ____ (Indiv) ____
Phone: Ext:	Fax:

Company Officers/Owners	
1. Name:	Position:
2. Name:	Position:
3. Name:	Position:

Bank Information		
Credit Required:		
Bank:		Branch:
Account#:	Manager:	Phone:

Credit References		
1. Name:	Phone: Ext:	Fax:
2. Name:	Phone: Ext:	Fax:
3. Name:	Phone: Ext:	Fax:

We understand that all freight bills are sent to us with a billing copy within seven (7) days and no monthly statement will be issued. Terms of payment are per carrier quotation.

Signature: _____ Print: _____

Title: _____ Date: _____