



APPLICATION FOR A CREDIT ACCOUNT

Company Name _____
Alternate Co. Name _____
Telephone # (____) _____ FAX# (____) _____
Street Address _____ Email _____
City _____ Prov. _____ Postal Code _____
Mailing Address _____
City _____ Prov. _____ Postal Code _____
Nature of Business _____ No. Years in Business _____
Bank Name _____ Phone# _____ Account # _____
Name of Person in Charge of Accounts Payable _____ Ext. _____
Name of Person in Charge of Freight/Traffic _____ Ext. _____
Name of Signing Officer _____ Ext. _____

VENDOR REFERENCES *(Include one Transportation Company)*

Co. Name _____
Phone# (____) _____ (____) _____ (____) _____
FAX# (____) _____ (____) _____ (____) _____
Email _____

SHIPPING AND RECEIVING INSTRUCTIONS *(if applicable)*

If Shipping Telephone # is Different, Please Include Telephone # _____
Shipping Hours _____ Receiving Hours _____
Please List Special Shipping/Receiving Instructions (eg. Tailgate Required for Delivery, Pup Trailer Access Only)

TERMS OF CREDIT

All accounts are due and payable within 30 days of receipt of charges. Past due accounts are subject to a service charge of 2% per month (24% per annum). **Credit is subject to cancellation without notice** and subsequent third party collection. **All freight charges must be paid before any claims can be processed.** Accounts inactive for a period of 12 months will be deleted from our files.

DATE _____ Approx. Credit Limit Desired _____
Signature _____ Title/Position _____

INTERNAL USE ONLY

Credit Limit _____ Date _____ Approved By _____

Lemko Trans Ltd.