

Mailing Address: Box 23, Group 514, RR5
Winnipeg, Manitoba R2C 2Z2
Phone: (800) 561-9696 Fax: (866)308-7832

CREDIT APPLICATION

BUSINESS INFORMATION:

Company Name: _____
Head Office Address: _____
Phone Number: (____) _____ Fax Number: (____) _____
Name of President: _____
Name of Chief Financial Officer: _____
Accounts Payable Contact: _____ Phone: (____) _____
Business Started (year) _____ Is the business incorporated? Yes _____ No _____

FINANCIAL INFORMATION:

Name of Bank: _____
Branch Address: _____
Phone Number: (____) _____ Contact: _____
Credit Amount Requested: _____

Do you use Reference or Load Numbers? Yes _____ No _____

Please provide three corporate credit references, **WITH AT LEAST 1 CARRIER REFERENCE.**

Company Name: _____ Contact: _____
Address: _____
Phone Number: (____) _____ Fax Number: (____) _____

Company Name: _____ Contact: _____
Address: _____
Phone Number: (____) _____ Fax Number: (____) _____

Company Name: _____ Contact: _____
Address: _____
Phone Number: (____) _____ Fax Number: (____) _____

Payment Terms: Net 30 days, interest at a rate of 2% per month (24% per annum) will be assessed on all overdue invoices.

Terms and Conditions: I hereby authorize and consent to be in receipt and exchange of credit information by Trappers Transport Ltd., from time to time including the exchange of credit information with any credit bureau or any person or corporation with which Trappers Transport Ltd. deems appropriate. I/we understand that I/we will be required to pay our account balance in full in accordance with Trappers Transport Ltd. payment terms, as indicated above.

Signature

Name and Title (Please print)

Date

OF PERSON AUTHORIZED ON BEHALF OF _____