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APPLICATION FOR A CREDIT ACCOUNT

Company Name _____
Alternate Co. Name _____
Telephone # () _____ Fax # () _____
Street Address _____ E-mail _____
City _____ Province _____ Postal Code _____
Mailing Address _____
City _____ Province _____ Postal Code _____
Nature of Business _____ No. Years in Business _____
Bank Name _____ Phone# () _____ Account # _____
Name of Person in Charge of A/P _____ Ext. _____
Name of Person in Charge of Freight/Traffic _____ Ext. _____
Name of Signing Officer _____ Ext. _____

Vendor References

Co. Name	_____	_____
Phone #	() _____	() _____
Fax #	() _____	() _____
E-mail	_____	_____
Co. Name	_____	_____
Phone #	() _____	() _____
Fax #	() _____	() _____
E-mail	_____	_____

Terms of Credit

All accounts are due and payable within 30 days from date of invoice. 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.

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

INTERNAL USE ONLY

Credit Limit _____ Date _____ Approved By _____

THE POWER TO EXCEED EXPECTATIONS