



CREDIT APPLICATION

Name/Trade Name: _____

Address: _____

Postal Code: _____ Phone: _____ Fax: _____

Contact _____

Name Of Principals: (1) _____ Title: _____

(2) _____

Type Of Business: _____ No. Of Years in Business _____

Type Of Firm: Proprietorship: _____ Partnership: _____ Corporation: _____

Credit Amount Required:\$ _____ Require Purchase Order: Yes _____ No _____

P.S.T. Exemption Number: _____ (Please attach P.S.T. exempt form)

G.S.T. Exemption Number: _____ (Please attach G.S.T. exempt form)

Current Financial Statement: _____

Bank Information:

Bank Name: _____ Contact: _____

Address: _____ Acct. No.: _____

Phone No.: _____

Trade References:

Name: _____ Phone No.: _____

Address: _____ Fax No.: _____

Contact: _____

Name: _____ Phone No.: _____

Address: _____ Fax No.: _____

Contact: _____

Name: _____ Phone No.: _____

Address: _____ Fax No.: _____

Contact: _____

If credit is extended to you, who is authorized to charge on your behalf: _____

Consent:

I (we) hereby authorize Atlas Van Lines (Canada) Ltd. to obtain credit or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account or for any other direct business required.

I (we) _____, (Company Name), understand that accounts in arrears are subject to a service charge at the rate of 1.5% per month on outstanding balances in excess of 30 days. Accounts not paid within 30 days are considered past due and may cause interruption in credit extensions. I (we) further agree to pay collection and/or legal fees incurred by Atlas Van Lines (Canada) Ltd. in collection of any past due amounts.

Date: _____ Signature Of Authorized Officer: _____ Title: _____