



Transportation Ltd.

*NORTH AMERICAN TRUCKLOAD FREIGHT
BROKERAGE & FORWARDING SERVICES.*

APPLICANT INFORMATION

Proprietorship Partnership Corporation

Business Name _____ Type of Business _____

Address _____

City _____ Province _____ Postal Code _____

Billing/Mailing Address _____

Number of years in business _____ Phone _____ Fax _____

Amount of Credit Required _____ Accounts Payable Contact: _____

PRINCIPAL AND/OR OFFICERS

1. Name _____ 2. Name _____

Title _____ Title _____

Home Address _____ Home Address _____

Home Telephone _____ - _____ Home Telephone _____ - _____

BANKING REFERENCES

Bank Name _____ Contact Person _____

Address _____ Telephone _____ - _____

Account Type and Number _____

REFERENCES (Please list four (4) accounts you regularly deal with.)

Name	Address	Telephone	Fax
1.			
2.			
3.			
4.			

Terms and Conditions: 1. Accounts are due and payable upon receipt of invoice. 2% interest charged per month, 20.00% per annum on all outstanding invoices after 30 days of invoice. 2. I/We warrant that all information contained herein to be correct and that I/We am/are authorized to execute this application on behalf of the business named herein. 3. Payment received in absence of a specific remittance advice will be applied on the account at Blue Continent Transportation's discretion. 4. Blue Continent Transportation may make the usual credit inquiries relating to this application.

X _____ Print Name _____

Position _____ Date _____

**RETURN COMPLETED FORM TO FAX:604.536.4773 or csr@bluecontinent.ca
PHONE: 604.536.4700**