



**Western
Logistics**

Credit Application

Company Name

Application Date

Billing Address

City

Province

Postal Code

Telephone Number

Fax Number

Contact Name

Title

Email Address

Shipping/Receiving Address (if different from above)

Telephone Number

Fax Number

Shipper/Receiver Contact

Years of Operation

Shipping and/or Receiving Hours

Trade References:

Company Name

Credit Limit Telephone Number

Fax Number

Company Name

Credit Limit Telephone Number

Fax Number

TERMS: I understand that we will be subject to these terms as specified by Western Logistics if our organization is approved for credit. I understand the terms of credit extended by Western Logistics are net 15 days with a maximum of net 30 from the date of invoice. Information contained herein is true and correct and consent is hereby given to derive credit information from the sources identified above for the purpose of approving this application.

Client Signature

Western Logistics Signature