

CREDIT APPLICATION

Less than three (3) credit references will not be considered. Do not include banking institutions or other carriers as credit references. Credit references must be accompanied by both email and telephone numbers. Please block print handwritten applications to avoid processing delays.

APPLICANT INFORMATION

Company Name: Billing Address:		Application Date:	
		Tax # (BN/ EIN):	
Province/ State:	City:	Postal Code:	
Telephone:		Fax:	
Billing Contact Name:		Billing Contact Title:	
Billing Email:		Company Years in Operation:	

SHIPPING/ RECIEVING INFORMATION

Shipping/ Receiving Address (if different from above):

Province/ State:	City:	Postal Code:
Shipping/ Receiver Name:	Shipping/ Rec	eiver Phone:
Shipping/ Receiver Email:	Shipping/ Rec	eiver Fax:

Special Instructions/ Requirements:

CREDIT REFERENCES

1. Company Name:	Credit Limit:	Phone:	
Company Contact:	Email:		
2. Company Name:	Credit Limit:	Phone:	
Company Contact:	Email:		
3. Company Name:	Credit Limit:	Phone:	
Company Contact:	Email:		

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.

Applicant Signature

Western Logistics Signature

solutions@westernlogistics.com | 1-800-701-4328 | www.westernlogistics.com