



CREDIT APPLICATION

OFFICE USE ONLY
CODE:
CREDIT LIMIT:

APPLICANT INFORMATION (* Fields are Mandatory to fill)

LEGAL NAME*:	TRADE NAME/DBA*:	TEL*:
ADDRESS*:		TOLL FREE:
		FAX:
CITY*:	PROVINCE*:	POSTAL/ZIP*:
E-MAIL*:		

BILLING ADDRESS (If different from above) COMPANY INFORMATION*

NAME:	o INCORPORATED DATE :		
ADDRESS:	o PROPRIETORSHIP		
CITY:	PROVINCE:	POSTAL/ZIP:	o PARTNERSHIP
GST/TAX ID #:	BOND Number :		THIS LOCATION IS: o HEAD OFFICE o BRANCH
PAYMENT METHOD: o VISA o MASTER CARD o CHEQUE o DIRECT DEPOSIT			
CREDIT CARD NO.:		EXP. DATE:	
NATURE OF BUSINESS*:			YEARS IN BUSINESS*:
A/P CONTACT*:	EXT:	E-MAIL*:	
OPERATIONS CONTACT:			REQUESTED CREDIT LIMIT:
PRINCIPAL'S NAME:			TITLE:

BANKING INFORMATION

BANK NAME*:	TRANSIT #:	ACCOUNT #:
CONTACT:		TELEPHONE: ()
CITY:	PROVINCE:	TOLL FREE: ()
POSTAL/ZIP:	E-MAIL:	FAX: ()

CREDIT REFERENCES (Minimum TWO other transportation companies that you are currently doing business with)

REFERENCE COMPANY *	CITY	PROVINCE	CONTACT*	TELEPHONE*	E-MAIL*
				()	
				()	
				()	

TERMS AND CONDITIONS

- The applicant understands and is authorized to agree to the Terms and Conditions of this application, specifically:
- (1) Terms of Sale – Net Thirty (30) days
 - (2) The applicant is responsible for freight charges where the designated party – Prepaid or Collect – does not pay the account.
 - (3) Polaris Transportation Group is authorized to do all credit checks/verifications at any time or times.
 - (4) The information provided in this application is true and current and will be used in providing credit.
 - (5) If there is any dispute the laws of the Province of Ontario will apply.
 - (6) If the account is delinquent the applicant will be responsible for all reasonable legal or collection charges.
 - (7) No oral agreements will override this credit application/agreement.
 - (8) Privacy Policy. Please contact our Legal Department for a copy of our Privacy Policy.
 - (9) 2% per month finance charge on past due invoice.

PERSON AUTHORIZED TO SIGN: _____
PRINT NAME SIGNATURE

TITLE: _____ DATE: _____

RETURN BY E-mail to : receivables@polaristransport.com