



CLARK
FREIGHTWAYS
A DIVISION OF CLARK REEFER LINES LTD



CREDIT APPLICATION FORM

Company Legal Name in Full: _____
 Operating As (if applicable): _____
 Business Address: _____ City: _____ Postal Code: _____
 Business Telephone No: _____ Fax No: _____
 Bill to Address: _____ City: _____ Postal Code: _____
 Bill to Telephone No: _____ Fax No: _____
 Type of Business: _____ Year started: _____ Corporation, Partnership or Individual
 Name of Your Bank: _____ Manager: _____ No. Of Years: _____
 Address: _____ Telephone No: _____
 Credit Limit Requested: _____ GST Exempt or Zero Rated? _____

DIRECTORS/OWNERS OF COMPANY:

1) Name and Address: _____
 2) Name and Address: _____
 3) Name and Address: _____

TRADE REFERENCES:

(Name)	(Address)	(Telephone No.)	(Email.)
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____
6) _____	_____	_____	_____

INVOICES and all correspondence pertaining to the account should be addressed to the attention of:

Name: _____ Title: _____ Email: _____

TERMS: NET 30 DAYS – INTEREST OF 2% PER MONTH (26.7% PER ANNUM) CHARGED ON OVERDUE ACCOUNTS. THIS APPLICATION IS FOR FREIGHT CHARGES ONLY.

The above information is for the purpose of obtaining credit and is warranted to the best of my knowledge to be true. I hereby authorize the person or firm to whom this application is submitted to obtain such credit reports or other information as may be Deemed necessary in connection with the establishment and maintenance of a credit account and I agree to comply with the terms of credit as noted. I also understand that if the terms of credit are not adhered to, my account will be on an “IMMEDIATE C.O.D. BASIS” until such a time that it is brought to a current status.

Customer Signature: _____ Title: _____

Date Signed: _____