



Head Office - Newfoundland & Labrador
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Terminal Branch - Ontario
 1574 Eagle Street North
 Cambridge, ON N3H 4S5
 Tel: 519-650-5785 Fax: 519-650-1473
 Toll Free: 1-888-556-3346

CREDIT APPLICATION

| Business Information | | | | |
|---|--|--------------|-------------------|----------|
| Company Name: | | | | |
| Manager Contact Name & Title: | | | | |
| Phone: | Fax: | E-mail: | | |
| Company Billing Address: | | | | |
| City: | Province: | Postal Code: | | |
| Business start date: (Please attach copy of Incorporation) | | | Type of business: | |
| Sole proprietorship: | Partnership: | Corporation: | Other: | |
| AP Contact: | Phone: | E-mail: | | |
| Officers, Partners or Owner Information | | | | |
| Name: | | Title: | Email: | |
| Address: | City: | Tel: | Fax: | |
| Name: | | Title: | Email: | |
| Address: | City: | Tel: | Fax: | |
| Business/Trade References | | | | |
| Company Name: (3 required) | Account # | Tel: | Fax: | Contact: |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| Bank Reference | | | | |
| Bank Name: | Contact Name: | Tel: | | |
| Address: | Branch: | | | |
| Other | | | | |
| Other freight companies used: | | | | |
| Amount of credit requested: | Payment Method: EFT _____ Credit Card _____ Cheque _____ | | | |
| Agreement | | | | |
| 1. Invoices are to be paid 30 days from the date of the Invoice. Invoices not paid in 30 days are subject to an interest charge of 2% a month (24% per annum). Payment for first order must be prepaid. | | | | |
| 2. Claims arising from freight or related must be made to HTL within seven working days from date of incident. | | | | |
| 3. By submitting this application, you authorize HTL to make inquiries into the business/trade references you have supplied for the purpose of determining the credit worthiness and consent to the release of such information. | | | | |
| 4. It is hereby agreed that at no time will freight charges be withheld due to unsettled claims. I/We hereby personally guarantee payment of any and all freight invoices due to HTL or affiliated companies. | | | | |
| Signatures | | | | |
| Authorized Signature on behalf of <i>company name here</i> : _____ | | | | |
| Please Print: _____ | | | | |
| Title: _____ | | | | |
| Date: _____ | | | | |
| For Completion by Hunt's Transport Ltd. | | | | |
| Account Codes: | | | | |
| Credit Limit: | | | | |
| Date: | | | | |
| Credit approved by: | | | | |