

ATLANTIS
Transportation Services
 3325A Orlando Drive
 Mississauga, Ontario, L4V 1C5
 Phone: (905) 672-5171
 Fax: (905) 672-7652



Credit Application

Credit application form is for: (please check appropriate box)

Trucking

Warehousing

Both

Sales Representative:

Name of Business & Billing Address

| | | | |
|----------------------------------|------------------|--------------------|--|
| Legal Name of Company | | Telephone No. | |
| Trade Name | | Fax No. | |
| Street | | GST No. | |
| City | Province / State | Postal / Zip Code | |
| Date Established or Incorporated | | Nature of Business | |

Invoice mailing address (if different than above)

| | | |
|--------|------------------|-------------------|
| Street | | |
| City | Province / State | Postal / Zip Code |

Form of business (check appropriate box)

Proprietorship

Partnership

Corporation

Other

Full name and address of owner's & partner's (if other than a corporation)

| Name | Address | % Owned |
|------|---------|---------|
| | | |
| | | |
| | | |

Affiliated Corporations

| | |
|---------------------------------|-----------------------|
| Name of Parent Company (if any) | Date Business Started |
| Nature of Business | Telephone No. |

Premises (please mark appropriate box)

Owned

Rented

Landlord information (if applicable)

| | |
|---------|---------------|
| Name | Telephone No. |
| Address | Fax No. |

Bank reference & information (mandatory for process of application)

| | |
|------------------------|---------------|
| Bank Name & Branch No. | Telephone No. |
| Address | Account No. |
| Bank Contact | Title |

| | | |
|------------------|-----------------|--------------------|
| Chequing Account | Savings Account | Chequing / Savings |
|------------------|-----------------|--------------------|

Trade references (minimum of 4 are required for process of application)

| Trade Name | Address | Telephone No. | Fax No. |
|------------|---------|---------------|---------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Credit Application Agreement

Credit Terms

- All accounts rendered by **Atlantis Transportation Services Inc.** are to be paid within 30 days from date of invoice unless otherwise contracted.
- Failure to settle accounts as required will be considered sufficient cause for immediate cancellation of credit.

I hereby represent that I am authorized to submit the application on behalf of the customer name stated and that the information provided for the purpose of obtaining credit and is warranted to be true, I/we hereby authorize **Atlantis Transportation Services Inc.** to investigate the references listed pertaining to my/our credit and financial responsibility. It is agreed and understood that all necessary collection and legal and interest of 24% per annum maximum may be charged to my company in the event of default or failure to pay for services rendered. I/we further represent that the customer applying for credit has the financial ability and willingness to pay for all invoices within established terms.

I, the undersigned (A) certify all the information above to be true and complete. (B) Authorize and consent to the receipt and provision for account and credit information from and to the credit grantors, credit bureaus and suppliers of services.

Authorized Signing Officer

Title

Date

For Office Use Only
Approved

Denied

Credit Amount Approved:

Account Number: