



CUSTOMER ACCOUNT #:

PH: 330.208.2272
 FX: 866.580.7445

CUSTOMER APPLICATION FOR CREDIT
 TO BE COMPLETED PRIOR TO SHIPPING

PLEASE COMPLETE AND FAX TO

COMPANY INFORMATION

Company Name :		Other Divisions :	
Address :		Address :	
City :		City :	
Prov. / State :	Postal Zip :	Prov. / State :	Postal Zip :

FINANCIAL INFORMATION

President : _____ Controller: _____ Public Private

REFERENCES :

Company Name :	Contact :	City :	Telephone # :	Fax # :

BANKING INFORMATION :

Bank Name :	Bank Account # :
Address :	Contact :
City :	Telephone # : _____ Fax# : _____
Years of Operation ;	Projected Monthly Freight Revenue :
Customer Credit Limit :	Credit Limit Approved :
Customer Credit Terms Requested : _____ Days	Customer Credit Terms Approved : _____ Days

Approved By : _____

BILLING INFORMATION

Complete if different than above

Account Payable Contact :	Bill To Name :
Telephone :	Address :
AP Email :	City :

TYPE OF BILLING Once Weekly (Docked) Individual Invoice Per Shipment US \$

The customer agrees that in the event MidWestCanada Inc. incurs any expenses collecting past due invoices that the customer will reimburse all legal, collections or other expenses incurred during this process. MidWestCanada Inc. is authorized to obtain credit information on the above company. I am an employee of the above mentioned company and have the authority to issue a credit check to MidWestCanada Inc.

Signed: _____ Print Name: _____ Title: _____