

MAINLINER **FREIGHTWAYS LTD.**

Customer Application for Credit

Date of Application: _____

Company Name: _____

Billing Address: _____ City: _____

Province: _____ Postal Code: _____

Telephone Number: _____ Fax Number: _____

Shipping Address: _____ City: _____

Province: _____ Postal Code: _____

Traffic Manager: _____ A/P Manager: _____

Product or Trade: _____ Years in Business: _____

Principles:

- 1) _____
- 2) _____
- 3) _____

Title: _____
Title: _____
Title: _____

Monthly Credit Required: _____

Credit References: (Three Required)

- | | |
|-------------------|----------------|
| 1) Company: _____ | Phone #: _____ |
| Contact: _____ | Fax #: _____ |
| 2) Company: _____ | Phone #: _____ |
| Contact: _____ | Fax #: _____ |
| 3) Company: _____ | Phone #: _____ |
| Contact: _____ | Fax #: _____ |

Bank Information:

Bank Name and Address: _____

Bank Contact: _____ Phone #: _____

Account #: _____ Fax #: _____

*******PLEASE FAX THIS FORM BACK TO (416) 679-1971 ONCE COMPLETED*******

Office Use Only:

Credit Approved: Yes No Amount: _____ Date: _____

Customer Code: _____ Sales Rep: _____ Terms: _____