

CREDIT APPLICATION

Thank you for your interest in the Midland Transport Group. In order that an account(s) be established for your company, we ask that this application for credit be completed in full and given to your sales representative, or mailed/faxed to the address shown below. All information provided will remain confidential.

New Account

Transport Courier Both

Current Account (if applicable, enter account number)

Transport # _____ Courier # _____

Company Information

Company Name: _____ Alternative Company Names _____

Physical Address

Suite #: _____

Street Address: _____

City: _____ Prov./State: _____

Country: _____ Postal Code/Zip: _____

Telephone: _____ Fax: _____

Contact (Sales): _____

Invoices to be sent to the mailing address above? Yes or Other (fill in below) Account # (if known): _____

Suite #: _____ Address: _____

City: _____ Prov./State: _____ Country: _____

Postal Code/Zip: _____ Telephone: _____ Fax: _____

GST Exempt (Y or N) _____ Form Attached (Y or N) _____ QST Exempt (Y or N) _____ Form Attached (Y or N) _____

Incorporation Date: _____ Type of business: _____

Corporate Officers:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Related Companies: _____

Credit References

Name: _____ Telephone #: _____ Fax #: _____

Name: _____ Telephone #: _____ Fax #: _____

Name: _____ Telephone #: _____ Fax #: _____

Banking

Bank Reference: _____ Telephone: _____

Branch: _____ Contact Name: _____

General Terms

Credit Amount Requested: \$ _____ | \$ _____
Transport Courier

Language of Correspondence: French or English

I understand that Midland Transport and Midland Courier terms are as follows and agree to comply with these terms:

a) **Payment terms – Twenty-one (21) days from date of invoice.**

b) In case of any question as to condition, loss, shortage of goods, or any other matter, bills shall be paid as rendered and claims presented for same.

FAILURE TO PAY BILLS AS PRESCRIBED BY THE FOREGOING SHALL BE CONSIDERED SUFFICIENT CAUSE FOR CANCELLATION OF THE CREDIT PRIVILEGE.

Applicant: _____ Date: _____

(Authorized signature)

MIDLAND : (PRINT) _____ Date: _____

(Sales Representative)

Mail To: 100 Midland Drive, Dieppe, N.B. E1A 6X4 Fax: (506) 859-5361

MIDLAND