



## Request for Customer Account

<b>Business Information</b>			<b>Description of Business</b>		
Legal Name:			Motor Carrier # or SCAC # :		
Billing Address:			GST # or Federal Tax ID # :		
City:                      Prov/ST:                      PC/Zip:			Trade name or DBA name:		
Billing Contact Data:    Ph (    )                      fax (    )			Requested Monthly Credit \$:                      Yearly Volumes \$:		
General Contact Data:    Ph (    )                      fax (    )			Age of Business:		
General Email:			Legal Form of Applicant: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship		
			Name of parent or affiliated company:		
<b>Corporate Representatives</b>					
<b>Name</b>	<b>Title</b>	<b>Email address</b>	<b>Phone</b>		
	President/CEO				
	CFO/Controller				
	Accounts Payable				
<b>Pick-Up Information</b> (if different from above)			<b>Delivery Address</b>		
Shipping Dept. Contact Name:			Shipping Address:		
Shipping Contact Data:    Ph (    )                      fax (    )			City:                      Prov/ST:                      PC/Zip:		
Nature of Business:			S/C # (Office use only):		
<b>Bank Reference</b>			Bank Location:		
Name of Bank:			City:                      Prov/ST:                      PC/Zip:		
Bank Account Number:			Bank Contact Data:    Ph (    )                      fax (    )		
<b>Trade References</b>					
<b>Company Name</b>	<b>Contact Name</b>	<b>Phone</b>	<b>Fax</b>		
<b>Customs Brokers</b> (if shipping cross border freight)					
<b>Location</b>	<b>Company Name</b>	<b>Contact Name</b>	<b>Phone</b>	<b>Fax</b>	<b>Email</b>
Canadian					
American					
<b>Broker Information</b>			<b>Billing details</b>		
Bond Holder:			Currency to bill in : USD <input type="checkbox"/> CAD <input type="checkbox"/>		
Amount of Bond:			Paperwork requirements (e.g. BOL,POD, PO#) :		
Details:			Invoice submission method: Email <input type="checkbox"/> Mail <input type="checkbox"/> Upload to portal <input type="checkbox"/>		
			Email address for invoicing:		
			Portal name (if uploaded):		
Additional comments:					
Please return completed applications to : <a href="mailto:accounts.receivable@Canadianfreightways.com">accounts.receivable@Canadianfreightways.com</a>					

By the signature of its authorized representative below, the Applicant confirms that this Application for Credit/Terms of Supply is the agreement it has made.

Name of signing Authority: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

**(Please print or type and complete in full. Incomplete applications will be returned unprocessed)**

TERMS OF CREDIT ARE NET 30 DAYS FROM ORIGINAL INVOICE DATE. ANY AMOUNT DUE AND NOT PAID WITHIN TERMS SHALL BE ASSESSED. A SERVICE FEE CALCULATED AT A RATE OF 2% PER MONTH (24% PER ANNUM). IWE AGREE THAT TFES MAY OBTAIN A CREDIT REPORT WITH THIS APPLICATION AS WELL AS IWE AUTHORIZE THE RECEIPT AND EXCHANGE OF CREDIT INFORMATION. TFES RESERVES THE RIGHT TO SUSPEND OR CANCEL CREDIT PRIVILEGES AT ITS SOLE DISCRETION. ANY QUESTIONS OR INQUIRIES CAN BE DIRECTED TO [accounts.receivable@Canadianfreightways.com](mailto:accounts.receivable@Canadianfreightways.com) OR by calling 1-800-431-6407