



CORPORATE OFFICE
 Credit Department
 2595 Inkster Blvd, Winnipeg MB R3C 2E6
 Phone: +1 800 665 7392
 Fax: +1 877 696 6915
arcredit@transx.com

Approval - For Internal Use Only	
Date Received	
Account ID	
Approved Amount (\$)	
Credit Term	

Master Credit Agreement

Company Legal Name*	<input type="text"/>	Date:	<input type="text"/>
Company Trade Name	<input type="text"/>		
Phone*	<input type="text"/>	Fax	<input type="text"/>
Website	<input type="text"/>	New Customer	Returning Customer

BUSINESS AND CREDIT INFORMATION

	Shipping Address	Billing Address	If Branch or Subsidiary, list Home or parent Company
Address Line 1 *	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address Line 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
City, Prov, Zipcode*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of Entity	Corporation	Partnership	Proprietorship Subsidiary
Line of Business	<input type="text"/>	Year in Business	<input type="text"/>
If relocated or changed name in the past 5 years, provide information	<input type="text"/>		

ACCOUNTS PAYABLE CONTACT

Name*	<input type="text"/>	Controller Name	<input type="text"/>
E-mail Address*	<input type="text"/>	Controller Email Address	<input type="text"/>
Phone Number	<input type="text"/>	Approximate Credit Requested	<input type="text"/>
Duns and Bradstreet No.	<input type="text"/>		

BILLING AND PAYMENT OPTIONS

Invoicing Options:
 E-Invoicing to (email)
 Mail to Billing Address

Payment Options:
 EFT **Funds:** Canadian
 Cheque US

BANK REFERENCE

Name of Bank	<input type="text"/>	Account Number	<input type="text"/>
Phone Number	<input type="text"/>	Contact at Bank	<input type="text"/>
Address	<input type="text"/>		

TRADE REFERENCES

List three businesses that are currently supplying you with credit of more than \$1,000, one must be transportation

	Company Name	Fax	Email
Reference 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reference 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reference 3	<input type="text"/>	<input type="text"/>	<input type="text"/>

I represent that the above information is true and is given to induce the TransX Group of Companies to extend credit to the applicant. My company and I authorize the TransX Group of Companies to make such credit investigation as the TransX Group of Companies sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks and credit reporting agencies to disclose to the TransX Group of Companies any information concerning the financial and credit history of my company and myself.

All insurance and liability is based on \$2.00 per pound shipped. Extra coverage is available upon request subject to the right and refusal and authorization of the manager of the TransX Group of Companies.

I have read the terms and conditions stated below and agree to all of these terms and conditions.

GENERAL TERMS AND CONDITIONS AND PERSONAL GUARANTEE

1. All invoices become payable in full net of 30 days, if not paid after term, they will be considered past due.
2. A service charge of 2% per month, 24% per annum will be added to all amounts billed past credit terms.
3. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department.
4. BUSINESS GUARANTEE: the company signing this application guarantees payment for all services purchased on credit.
5. Must be signed and approved by the authorized signatory.

Name*	<input type="text"/>	Date*	<input type="text"/>
Signature*	<input type="text"/>	Transx Account Manager	<input type="text"/>