

CREDIT APPLICATION

BUSINESS INFORMATION					
A/P Contact		Years in Business			
Company Legal Name		□ Sole proprietorship			
Trade Name (if different)					
Phone Fax		Partnership			
E-mail		□ Corporation			
Billing Address		□ Other			
City, State ZIP Code					
BANKING INFORMATION					
Banking Institution		Phone			
Branch Address		Account Number			
City, State ZIP Code					
TRADE REFERENCES					
Company name		Phone			
Address		Fax			
City, State ZIP Code		E-mail			
Company name		Phone			
Address		Fax			
City, State ZIP Code		E-mail			
Company name		Phone			
Address		Fax			
City, State ZIP Code		E-mail			
INVOICES					

If you prefer to receive your invoices by e-mail, please enter an e-mail address: _

ACCEPTANCE OF TERMS

- 1. All invoices are to be paid 30 days from the date of the invoice. Interest at 2% per month will be charged on all invoices older than 30 days. I hereby agree to pay any interest charges appearing on my statement.
- 2. Claims arising from invoices must be made within seven working days.
- 3. By submitting this application, you authorize MAV Canadian Transport LLC to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES				
Signature		Signature		
Name and Title		Name and Title		
Date		Date		