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Edmonton Office: 4205 - 76th Ave, Edmonton, AB T6B 2H7
Telephone: (780) 440-4174 Fax: (780) 440-4210

APPLICATION FOR CREDIT (Please Print)

*** Required Fields**

* COMPANY LEGAL NAME _____

* TRADE NAME _____

DATE INCORPORATED _____ BUS. SINCE _____ # OF BRANCHES _____
(attach list of branches)

* ADDRESS: _____ CITY: _____

* POSTAL/ZIP CODE: _____ * TELEPHONE () _____ * FAX () _____

RELATED COMPANIES _____ * NATURE OF BUS. _____

COMPANY OFFICERS:

* PRESIDENT _____ * SECRETARY/TREASURER _____

* CONTROLLER _____ * ACCT'S PAYABLE CONTACT _____

NAME FREIGHT CARRIER(S) USED _____

REFERENCES:

NAME FAX # TELEPHONE #

* 1. _____

* 2. _____

* 3. _____

* 4. _____

* NAME OF COMPANY BANK _____ * TELEPHONE # () _____

* BANK ACCOUNT # _____ * ACCOUNT MANAGER _____

* CREDIT LIMIT REQUIRED _____ * ESTIMATED YEARLY VOLUME _____
(one month's charges)

TERMS OF CREDIT: All accounts are **NET 30 DAYS**. 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. I also agree to allow Edge Transport Ltd. to check our credit rating with any source they may choose .

* DATE _____ * SIGNATURE/TITLE _____

Your Edge Salesperson _____ Salesperson # _____

HEAD OFFICE USE ONLY

Composite Index _____ Payment Index _____ Negative Occurrences _____

Credit Approved _____ Customer Acct Code _____ Credit Declined _____

Date _____ Approved by _____