

NAME:

Date:

Mailing Address:

No.

Street

City

Province

POSTAL CODE:

TELEPHONE: (         )         )

FAX NO.: (         )         )

EMAIL:

HAVE YOU DONE BUSINESS WITH OUR COMPANY BEFORE:

NO

YES

IF YES UNDER WHICH NAME?

WHERE:

WHEN:

WE HEREBY SOLICIT THE OPENING OF AN ACCOUNT. THE DETAILS SUBMITTED ABOVE ARE TRUE AND CORRECT. ALSO, WE AUTHORIZE YOU TO TAKE OR GIVE ANY INFORMATION RELATING TO OUR CREDIT. WE ACCEPT TO PAY YOUR INVOICES ON RECEIPT. AN INTEREST OF 18% PER ANNUM IS CALCULATED MONTHLY, 1.5% ON ALL PAST DUE INVOICES.

AUTHORIZED SIGNATURE:

DATE:

ALL ABOVE INFORMATION WILL BE KEPT IN STRICT CONFIDENCE.

PLEASE INDICATE WHAT LEAD YOU TO CHOOSE OUR COMPANY. (PLEASE CHECK)

(1) ADVERTISING

Vehicle/Trailer

(2) WORD OF MOUTH

Another Client

News Paper/Yellow Pages

Trucking Firm

Rink

(3) OTHER: PLEASE EXPLAIN

NOTE: Invoices will be sent to email provided. If no email provided, invoices will be faxed to fax number provided. If neither provided, invoices will be mailed.