

## **CREDIT APPLICATION**

Compan Name	y Legal									Start date of business			Month (MM)		ear 'YYY)			
	Company Trade Name Address																	
City		Province/ State										Postal/ZIP Code						
Email Address		Tel												Fax				
Does a third-party firm process YE invoices for your company? If YES,					YES AP Contact Na													
please of details be	NO	Т	Tel.					mail										
Nature o		This location						tion i	on is Head Office									
(COMMINO)										Bra	anch	nch						
Type of Corporat	tion	Incorporated Proprie			rship Franchis				se Partr			artnership Ltd		d. Co.	Othe	er		
Mailing address (the address where invoices/statements are to be submitted, if different than above)																		
Compani party firn	y name	or third-									Add	ress						
City		Province / State								: /			Post	tal /ZIP e				
Tel. Fax											•							
		vhere elect		ces are				I.										
		ferent from special billi		ng require	ments	, if a	pplicabl	е.										
Please attach any special billing or invoicing requirements, if applicable.  Please enclose all branch/subsidiary office names and addresses if additional accounts for each are needed.																		
Please indicate if branches are to be invoiced directly or to the address noted above.  CREDIT TERMS & CONDITIONS																		
1. It is hereby agreed that freight charges will be payable within thirty (30) days from pick-up date.													se).					
3. It is hereby understood and agreed that an investigation of your credit history may be carried out in conjunction with this																		
application, and/or at any time in the future as part of a credit review of your account.  4. Delinquent accounts are subject to cancellation without notice with subsequent third-party action.																		
<ul> <li>5. All freight charges must be paid before any claims can be processed.</li> <li>6. In the event collect charges are refused by consignee, shipper will assume full liability.</li> </ul>																		
7. Day & Ross Inc. will not provide any original documents.																		
8. It is hereby understood and agreed to that should these terms/conditions be altered in any way, this application will be declined.																		
<ul> <li>9. It is understood that the Credit References provided herein may be used to determine the credit worthiness of Customer.</li> <li>10. It is understood by the customer that the Credit Terms/Conditions stated herein apply to all dealings between Customer and Day &amp; Ross Inc.</li> </ul>																		
<ol> <li>Rates are provided excluding credit card fees. Should credit cards be used for payment, Day &amp; Ross Inc. reserves the right to adjust the rates accordingly, unless this was declared initially and included in the pricing.</li> </ol>																		
Online a	Online access to manage your shipments and retrieve additional documents on www.dayross.com. If YES, please provide the admin contact information.																	
Name												<u>I</u>						

Banking Information & Credit References (no COD references, please)																	
Banking Institution							Account #										
Name							15 .	,		1.							
Address	Address				City				Province/				Postal /ZIP				
Credit References Ple	256 511	only at le	act three transportation reference					State Code									
Credit References. Please supply at least three transportation references. If none available, please provide other vendors.																	
BUSINESS NAME		ADDRE	SS		Т	EL		FAX	΄		EMAIL	_					
												<del>-</del>					
GST Exempt (are you		YES			NO			Fund	ds	CA	.D		US				
3PL or a transportation	7																
company that is GST exempt?)																	
exempt:)																	
Type of shipments (check all that apply)																	
Full Load					Courier				International								
Service you wish to open an account for																	
Freight – LTL/TL	Comn		Dedicated					Logistics/Ocean & Logistics						nerly			
(formerly Day & Ross Freight)		ons/Resi erly Samed						ormerly Trade Supply									
Treigni)	day Logistics)					Networks) S					Services)						
DAY & ROSS USE ON	NLY	Śales	Representative Name								'						
	force							Ter	minal								
	unt ID																
Logistics Providers																	
As a transportation logistics provider, you agree to be responsible and remit payment in full to us for all transportation services that																	
we perform for you or your customers regardless of whether you have been paid by your customers or not. We will not invoice or pursue collection of any charges from any of your customers, provided that in case of default on any of our invoices, we reserve the																	
right to pursue recovery against your company and/or your customers. Freight charges are due within thirty (30) days of the date of																	
our invoices.  PRINT NAME & TITLE			AMOUNT				IINT	OF MONTHLY CREDIT REQUIRED									
FIXINT NAME & TITLE	Amoun				OIVI	. O. MONTHE ONE DIE NEGOTIE											
									1								
OFFICIAL SIGNATUR	Name	s of P	rincip	al/Owr	Owners Titl			Title									
SIGNING OFFICER																	
Printed name/Signatur																	
If you have a digital sig																	
you can add it in the bo																	
D-1- (DD#440000																	
Date (DD/MM/YYYY)																	
			L														