# CREDIT APPLICATION

☐ Clarke Transport ☐ Clarke North America ☐ Quiktrax

1201 CREDITSTONE ROAD, CONCORD, ON, L4K 0C2 PH. 905-291-3000

| BUSINESS INFORMATION | | |
|---|---|---|
| LEGAL BUSINESS NAME: | | PHONE#: |
| TRADE NAME/OPERATING AS: | | |
| COMPLETE SHIPPING ADDRESS: | | |
| BILLING ADDRESS (IF DIFFERENT FROM ABOVE): | | |
| PHONE#: | | |
| YEAR CURRENT BUSINESS STARTED: | YEAR CURRENT OWNERSHIP STARTED: | |
| TYPE OF OWNERSHIP: ☐ CORPORATION ☐ PARTNERSHIP ☐ PROPRIETORSHIP ☐ LIMITED ☐ OTHER | | |
| NATURE OF BUSINESS: | CREDIT REQUIRED: /MONTH | |
| D-U-N-S NUMBER: | | |
| DOES YOUR COMPANY HAVE A WEBSITE ☐ YES ☐ NO IF YES, PLEASE SPECIFY: | | |
| DOES YOUR COMPANY BELONG TO ANY PROFESSIONAL ASSOCIATION? ☐ YES ☐ NO IF YES, PLEASE SPECIFY: | | |

| CONTACT INFORMATION | |
|---|---|
| A/P CONTACT NAME: | EMAIL: |
| PHONE #: | HOW SHOULD WE SEND INVOICES: ☐ EDI ☐ EMAIL |
| EMAIL (IF DIFFERENT FROM A/P): | |
| PRINCIPLE(S) / OFFICERS(S): | |
| NAME (FIRST & LAST) | NAME (FIRST & LAST) |
| TITLE: | TITLE: |
| EMAIL: | EMAIL: |

| BANKING INFORMATION | | |
|---|---|---|
| BANK NAME: | ACCOUNT#: | TRANSIT#: |
| ADDRESS: | | PHONE#: |
| BANK REPRESENTATIVE/RELATIONSHIP MANAGER: *(Please contact your local branch)* | | |
| BANK CONTACT **EMAIL**: | | |

| CREDIT REFERENCES | |
|---|---|
| COMPANY NAME: | PHONE #: |
| CONTACT: | **EMAIL:** |
| COMPANY NAME: | PHONE #: |
| CONTACT: | **EMAIL:** |
| COMPANY NAME: | PHONE #: |
| CONTACT: | **EMAIL:** |

## TERMS OF CREDIT

THE APPLICANT AGREES TO THE TERMS OF NET 30 DAYS FROM DATE OF INVOICE AND NO MONTHLY STATEMENT WILL BE ISSUED.
OVER DUE ACCOUNTS ARE SUBJECT TO 2% INTEREST PER MONTH (24% ANNUALLY).
ALL FREIGHT CHARGES MUST BE PAID BEFORE ANY CLAIMS CAN BE ACKNOWLEDGED. CLAIMS CAN NOT BE DEDUCTED FROM ACCOUNTS RECEIVABLE.
THE APPLICANT GRANTS PERMISSION AND AUTHORIZES THEIR BANK, TO PROVIDE A DETAILED BANK REFERENCE TO CLARKE/QUIKTRAX.
THE APPLICANT AGREES TO REIMBURSE CLARKE/QUIKTRAX FOR ALL REASONABLE FEES, INCLUDING LEGAL AND COLLECTION FEES, INCURRED IN THE COLLECTION OF ALL OUTSTANDING RECEIVABLES.

| PRINT NAME | SIGNATURE | TITLE | DATE |
|---|---|---|---|
| | | | |

CLARKE/QUIKTRAX COMPANY USE

EMAIL THE COMPLETED CREDIT APPLICATION TO:
CREDITAPP@CLARKETRANSPORT.COM or CREDITAPP@CLARKENORTHAMERICA.COM or CREDITAPP@QUIKTRAX.CA