

Kawartha Freight Services
56 Dunrobin Drive
Caledonia, ON
N3W 2N7
gary_sherryl@kawarthafreight.com

800-642-7316
905-765-7177
Fax 905-765-1356

Application for Credit

Full Legal Company Name: _____

Telephone: _____, **Fax:** _____, **A/P Contact:** _____

Physical Address: _____
City / Town : _____, **Prov / State:** _____ **Postal:** _____

Billing Address: _____
City / Town : _____, **Prov / State:** _____ **Postal:** _____

Corporation: ___ **Partnership:** ___ **Sole Proprietor:** ___ **Year Established:** ___

Full Name of Principal Owners / Partners: _____

Bank Information:

Name of Bank: _____ **Address:** _____
Town: _____ **Prov State:** _____, **Postal:** _____

Telephone: _____ **Fax:** _____
Contact: _____ **Acct #:** _____

Trade References: (Transportation Companies are Preferred)

	<u>Company Name</u>	<u>City</u>	<u>Contact</u>	<u>Telephone</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

By endorsing this document, I understand that all invoices issued by Kawartha Freight Services to us, are due for payment by the due date noted on the invoice. The noted penalty for not paying an invoice by the due date is noted on the bottom line of the invoice. Kawartha Freight Services reserves the right to enforce any such penalties.

Print Name: _____ **Signature:** _____

Title: _____ **Date:** _____