## MIDLAND CREDIT APPLICATION

Thank you for your interest in Midland Transport Limited. In order that an account, or accounts, be established for your company, we ask that this application for credit be completed and either returned to your sales representative or emailed/faxed back to us. All information provided will remain confidential.

NEW ACCOUNT	CUF	IRRENT ACCOUNT (please enter account #)			
◯ Transport ◯ Courier	Both	Both Transport #		_ Courier #	
Please specify the current	cy in which you would	like this ac	count to be billed:		\$ US\$
COMPANY INFORMATION	N				
Company Name:			_ Alternate Compan	y Names:_	
Physical Address			Mailing Address		
Street Address:			Street Address:		
Suite #:					
City/Town:	Prov./State:		_ City/Town:		_ Prov./State:
Country:	Postal Code/Zip:		Country:		_ Postal Code/Zip:
Telephone:	Fax:		Telephone:		_ Fax:
Contact (Sales):			_ Contact (Accts. Pa	yable):	
*At Midland, environmenta eco-friendly, please provide		s to receive ele		o circumsta	
*Email:			*Email:		
GST Exempt (Y or N):	Form Attached (Y o	r N):	QST Exempt (Y or N	4):	Form Attached (Y or N):
Incorporation Date:			_ Type of Business: _		
Corporate Officers					
Name:			Title:		
Name:			Title:		
Name:					
Related Companies:					
CREDIT REFERENCES					
Name:		_ Email:			Fax:
Name:		_ Email:			Fax:
Name:					Fax:
GENERAL TERMS					
Credit Amount Requested \$	\$\$	Courier	Language of Corresp	oondence:	English French
I understand that Midland Transport a a) <b>Payment Terms - Twenty-one (21)</b> b) In case of any question as to condii FAILURE TO PAY BILLS AS PRESCRI	days from the date of the invoition, loss, shortage of goods, or	<b>ce</b> any other matter	, bills shall be paid as rendere	ed and claims	
APPLICANT:			Date:		
	Authorized Signature				
MIDLAND:			Date:		
	Sales Representative				