



APPLICANT INFORMATION

Application Date: _____
Company Name: _____ Years in Operation: _____
Billing Address: _____ City: _____
Province / State: _____ Postal / Zip Code: _____
Telephone: _____ Fax: _____
Billing Contact Name: _____ Billing Contact Title: _____
Billing Email: _____

SHIPPING / RECEIVING INFORMATION

Shipping / Receiving Address (if different from above):

Shipper / Receiver Name: _____ Email: _____
Telephone: _____ Fax: _____
Special Instructions / Requirements:

TRADE REFERENCES (3 REQUIRED)

Company Name: _____ Credit Limit: _____
Telephone: _____ Email: _____
Company Name: _____ Credit Limit: _____
Telephone: _____ Email: _____
Company Name: _____ Credit Limit: _____
Telephone: _____ Email: _____

TERMS

I understand that we will be subject to these terms as specified by Western Logistics if our organization is approved for credit. I understand the terms of credit extended by Western Logistics are Net 15 days with a maximum of Net 30 from the date of invoice. Information contained herein is true and correct and consent is hereby given to derive credit information from the sources identified above for the purpose of approving this application.

Customer Signature: _____

Western Logistics Signature: _____