



**Credit Application**

739 Lagimodiere Blvd.  
Winnipeg, MB. R2J OT8

TEL: 204-257-6666  
FAX: 204-255-1566

**Contact Information**

Proper Legal Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 D/B/A: \_\_\_\_\_ Main Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ A/P Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 City: \_\_\_\_\_ Website: \_\_\_\_\_  
 Prov/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_ A/P Email: \_\_\_\_\_

Invoices & PODS (if required) will be sent to this email address

**Officers of the Company**

Name	Title	Contact Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

**General Information**

Year Established: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Avg Annual Sales \$ \_\_\_\_\_  
 Number of Years at Address: \_\_\_\_\_ Property: RENTED  OWNED  If Owned Estimated Value \$ \_\_\_\_\_

**Banking Information**

Name: \_\_\_\_\_ Credit Line Amount \$ \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_

**Transportation References**

Carrier Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Carrier Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Carrier Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Fax: \_\_\_\_\_

**Billing Instructions**

Do you require a copy of a POD? YES  NO  Currency: CAD\$ USD\$  
 How would you like to receive your invoices? E-MAIL  FAX   
 How would you like to submit payments? CHEQUE  DIRECT DEPOSIT   
 Tax Exempt: YES  NO  If yes, reason: \_\_\_\_\_

**Authorization**

The undersigned is authorized by the company to permit Arnold Bros. Transport Ltd. to conduct a credit investigation.

Signed \_\_\_\_\_

Dated \_\_\_\_\_

\*\*\*Please note: Our terms are NET 30 unless otherwise contracted.\*\*\*

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