



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 Person: _____
Address: _____	A/P Email: _____
City: _____	Website: _____
Prov/State: _____ Postal/Zip Code: _____	Year Established: _____

Banking Information

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

Transportation References

Carrier Name: _____	Phone: _____
Contact: _____	Email: _____
Carrier Name: _____	Phone: _____
Contact: _____	Email: _____
Carrier Name: _____	Phone: _____
Contact: _____	Email: _____

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 Portal (info Provided): EDI

Email address for Invoice Submission: _____

How would you like to submit payments? CHEQUE DIRECT DEPOSIT CREDIT CARD/E-Transfer

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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