



163 Bowes Road, Concord, ON, L4K 1H3, Canada
Tel: 905.760.2888 • Fax: 905.760.2040
info@gntransport.com • www.gntransport.com

Credit Application Form

PLEASE COMPLETE ENTIRE FORM

Complete Business Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____

How long in Business: _____

President: _____

Owner (if different from above): _____

Account Payable Contact: _____

Type of Business: Individual Corporation Partnership

Are you a: Shipper Carrier Freight Broker

List three references with whom you have had open account activities with for not less than 3 months (other carriers preferably)

1. Company Name: _____ Contact Name: _____

Address: _____ City: _____ Province: _____

Phone: _____ Fax: _____

2. Company Name: _____ Contact Name: _____

Address: _____ City: _____ Province: _____

Phone: _____ Fax: _____

3. Company Name: _____ Contact Name: _____

Address: _____ City: _____ Province: _____

Phone: _____ Fax: _____

GST / HST #: _____

Building: Owned _____ Leased _____

Briefly describe your type of business: _____

Bank Reference:

Name of Bank: _____ Contact Name: _____

Business Account #'s _____

Address: _____ City: _____ Province: _____

Phone: _____ Fax: _____

OPEN ACCOUNT TERMS AND POLICY

1. Payment terms are net 30 days from our date of invoice (providing credit requirements have been met)
2. No monthly statements are issued, please pay by the invoice and by the due date.
3. Service and interest charges of not less than 2% per month will be charged to accounts over 30 days.
4. Any account with NSF Cheque shall be cash or due on receipt (certified cheque) for future transactions and a fee of \$50.00 will be charged as a processing/collection fee.
5. GN Transport Ltd. appreciates your business and our objective is to provide you with good service and competitive rates. Prompt payment of your account will allow us to maintain this commitment. Thank you for your support.

I have read and understand the above credit terms and policy and agree to maintain our account in accordance with this policy in consideration of credit extended as per our request. By signing this form you give GN Transport consent to perform all the credit checks necessary in order to set up your account.

Print Name

Title

Signature

Title