



REDEFINING THE RELIABILITY IN TRANSPORTATION

Splendour Trucking Ltd.

24 Cairnburg Drive, Brampton ON L6P 1X5

Ph: (647) 430-0665

Fax: (647) 484-0791

Toll Free: 1(877) 458-2117

Email- accounting@splendourtrucking.com

CONFIDENTIAL APPLICATION FOR CREDIT

Company Name:

Parent Company:

Bill to address:

Ship to address(if different):

Phone Number:

Fax Number:

CSR Contact:

PH:

Ext:

Email:

AP Contact:

PH:

Ext:

Email:

Dispatch Contact:

PH:

Ext:

Email:

Shipping Contact:

PH:

Ext:

Email:

Nature of Business:

Years in Business:

Officers

Name:

Title:

Name:

Title:

Name:

Title:

BANK REFERENCE

Name:

Phone #

Address:

Fax #

Contact:

Account #

TRADE REFERENCES

Name

Address

Fax #

Phone #

| Name | Address | Fax # | Phone # |
|------|---------|-------|---------|
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|----------------------|--|--|---|
| Select Terms: | Due on Receipt <input type="checkbox"/> | Net 7 days <input type="checkbox"/> | Net 30 days <input type="checkbox"/> |
|----------------------|--|--|---|

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|--------------------------------------|------------------------|
| Credit Limit Requested: _____ | Approved: _____ |
|--------------------------------------|------------------------|

TERMS

AGREED AND APPROVED TERMS BETWEEN BOTH PARTIES ARE EFFECTIVE FROM THE DATE OF SHIPMENT, SUBJECT TO A SERVICE CHARGE OF 1- 1/2% PER MONTH ON INVOICES NOT PAID WITHIN AGREED TERMS FROM THE DATE OF SHIPMENT. CREDIT PRIVILEGES ARE SUBJECT TO IMMEDIATE SUSPENSION OR REVOCATION IF ANY UNDISPUTED INVOICES ARE NOT PAID WITHIN 45 DAYS OF BILLING OR IF BALANCE DUE AT ANY TIME EXCEEDS SPLENDOUR'S APPROVED CREDIT LIMITS. IN THE EVENT IT BECOMES NECESSARY FOR SPLENDOUR TRUCKING LTD. TO REFER TO A COLLECTION AGENCY AND/OR ATTORNEY, ALL REASONABLE COLLECTION AND/OR LEGAL FEES TO BE PAID BY DEBTOR.

The undersigned, should be authorised company official, certifies that the information provided this application is true. I/We, agree to the above terms and authorize Splendour Trucking Ltd. to whom this application is submitted, to investigate the references, statements, or other data obtained from me/us or from any other source pertaining to our credit and financial responsibility.

| | |
|---------------------|------------------------------------|
| Date: _____ | Authorized Signature: _____ |
| Title: _____ | Print Name: _____ |