

**CLIENT INFORMATION:**

Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ Toll Free: ( ) \_\_\_\_\_  
 \_\_\_\_\_ Facsimile: ( ) \_\_\_\_\_  
 City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ PC/Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

**BILLING ADDRESS IF DIFFERENT FROM ABOVE**

Name: \_\_\_\_\_ Type of Company  Incorporated  
 Proprietorship  
 Partnership  
 Address: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ PC/Zip Code: \_\_\_\_\_ Billing funds: \$US / \$Cdn  
 This location is:  Head Office  Branch Years in Business: \_\_\_\_\_  
 Nature of Business: \_\_\_\_\_ Credit Required: \$ \_\_\_\_\_ /month  
 Special Invoicing Requirements: \_\_\_\_\_  
 Principal/CEO: \_\_\_\_\_ Accounts Payable Contact Email: \_\_\_\_\_

**BANKING INFORMATION:**

Bank Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_ Toll Free: ( ) \_\_\_\_\_  
 City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Facsimile: ( ) \_\_\_\_\_

**CREDIT REFERENCES:**

Reference Company	City	Prov/State	Contact	Telephone	Facsimile
1) _____	_____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____	_____

**TERMS OF CREDIT:**

For the purposes of processing this application, the undersigned hereby authorizes M.A.K. Freight Systems to investigate the applicant's credit experience of the business and principal owners, through suppliers, banks and other institutions with whom the applicant has conducted business, and to allow M.A.K. Freight Systems to obtain reports from credit reporting agencies.

Upon approval of this application, credit privileges will be extended to the applicant subject to the following terms and conditions:  
 Credit terms are net 30 days from date of invoice.  
 Failure on the part of the applicant to comply with our company terms will result in the applicant's credit privileges being cancelled, termination of all pricing agreements, and the account being placed on cash terms.  
 The applicant will report any disputed charge or discrepancy to the company immediately upon receiving the invoice from 1306243 Ontario Limited o/a M.A.K. Freight Systems.  
 If the applicant gives 1306243 Ontario Limited o/a M.A.K. Freight Systems an NSF cheque, the applicant will be charged an NSF fee.

The Above Terms Are Agreed to :

Signed By: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

M.A.K. Representative: \_\_\_\_\_ Date: \_\_\_\_\_