



Please email completed pdf to email@gtltransportation.com or fax to 902-468-2059

CREDIT APPLICATION CDN \$ ___ US \$ ___

Firm Name: _____

Billing Address: _____ Street / P. O. Box: _____

City: _____ St/Prov: _____ Zip: _____ Tel: _____

Toll Free: _____ Fax: _____ Email: _____

() Corporation ()Partnership ()Sole proprietorship ()Other _____

Length of time in business: _____

Owner/Director: _____ Comptroller: _____ Tel: _____

**Accts Pay Rep: _____ Tel: _____

Fax: _____ Email: _____

Federal ID#: _____ Year Business Established: _____

Bonding/Insurance Co.: _____ Tel: _____

** MUST PROVIDE 3 "CARRIER REFERENCES" THAT YOU HAVE BEEN WITH FOR 1 YR **

Carrier: _____ Tel: _____ Fax: _____

Carrier: _____ Tel: _____ Fax: _____

Carrier: _____ Tel: _____ Fax: _____

* If an individual or partnership, please specify full name as shown on birth certificate.

Operating as: _____ Home Address: _____

Date of Birth: _____ SIN # _____ Major C/C: _____

*** TERMS ARE NET 30 DAYS FROM DATE OF DELIVERY***

It is hereby agreed that the freight charges at no time will be withheld because of unsettled claims. BROKERS: I/we hereby personally guarantee payment of any and all freight invoices due to GTL Transportation INC. All invoices that become 60 days overdue are subject to and will be charged an additional charge of 2% / month.

FINANCIAL INFORMATION

I/we hereby authorize the release of information pertaining to checking account # _____ and any other accounts held at the following bank / lending institution.

Bank _____ Address: _____

Tel: _____ Acct No. _____

OFFICER: _____, I/we certify that all the information on this form is true and correct.

I/we fully understand the credit terms and agree to the proper payment in consideration of extended credit.

Name: _____ Title: _____

Signature: _____ Motor Carrier # _____