CREDIT APPLICATION

BILL TO INFORMATION (*required)	
*Legal Business Name	*Type of Business
*Operating/Trade Name	
*Address	Business #
*State/Prov	*City
*Telephone	*Postal Code/Zip
*Mailing Address (if different)	ICC/MC#
*GST/HST Exempt ◯ Y ◯ N *Freight Broker ◯ Y ◯ N	*Years in Business
***List owners:**	DNB #
*Name	*Title
*Name	*Title

CONTACT INFO	
*Company Contact	*Email
*Accounts Payable	*Email

ACCOUNT SERVICES	
*Credit Limit Requested	CPE/OFL Sales Rep
Electronic Invoicing contact	*Email

BANKING INFORMATION	
*Name of Bank	*Transit & Account #
*Address	
*Postal Code	*Telephone

CREDIT REFERENCES	
*Company #1	Contact Person
Telephone	*Email
*Company #2	Contact Person
Telephone	*Email
*Company #3	Contact Person
Telephone	*Email

*Name & Title	*Date
*Signature	

I (we) understand that freight bills are due and payable within 30 days from the billing date and agree that payment of freight or miscellaneous charges will not be reduced or withheld because of claims against the carrier. Interest will be charged on account balances over 30 days at a rate of 2% a month. In connection with my application for credit, I (we) hereby consent that a credit investigation be conducted.

June 2024

Return Signed Completed Form to:

credit@overlandwest.ca