

CREDIT APPLICATION

Company Legal N	lame									Sta	art Date	of B	usiness	Мо	nth	(mm)	Yea	ar <i>(yyyy)</i>
Company Trade N	lame									Ac	ldress							
City										Pr	ovince			Pos	stal	Code		
Email Address								Те	I.			ı		Fax	(
Does a third-party firm process invoices for your company? If YES, please complete the mailing address details below.								/P	Cont	eact Name Email								
Nature of business (commodity)									ı			Th	is locatio	n is		ead Of anch	fice	
Incorporated	Pr	Proprietorship Fran				nchise Partr				nership Ltd. Co.				Other				
Mailin	g add	ress (the	e addre	SS V	vhere ir	nvoices	s/st	ate	men	its a	re to b	e su	bmit <u>ted,</u>	if diffe	eren	t than	abo	ve)
Mailing address (the address Company name or third-party firm if used					where invoices/statemen							Address						
City					Provin	се					-		Postal (Code				
Tel.								I	Fax									
E-invoicing (em to be sent, if diff				ctro	onic inv	oices a	are							1				
Please attach any				_														
Please enclose al Please indicate if													or each ai	e nee	ded.			
CREDIT TERM 1. It is hereby agreed 2. It is hereby agreed 3. It is hereby unders the future as part of a 4. Delinquent accoun 5. All freight charges 6. In the event collect 7. Day & Ross Inc. wi 8. It is hereby unders 9. It is understood tha 10. It is understoo 11. Rates are pro accordingly, unless the	that frei that frei tood and credit re is are su must be charges Il not pro tood and it the Cre od by the vided ex is was d	ght charges ght charges d agreed that eview of you abject to can be paid before a are refuse evide any or d agreed to edit Referer e customer coluding cre leclared init	s will be pay at an investur account necellation and by constriginal doctors provided that the C ddit and in including and inclu	e will stigat. withous carriagned the ded leading to the ded leading t	I be withher ion of you out notice on be procedumed by the proceduments. It is the proceduments of the pro	eld becau ir credit hi with subs essed. will assui conditions by be used onditions edit cards pricing.	seque me for s be d to o	of una y ma ent the ull lia alter deter deter ised	settled by be of hird-pa ability. red in rmine erein a for pa	arty a any v the c apply	ns (freight dout in continuous cition. vay, this redit wor to all dea wit, Day &	applica thiness lings t Ross	ation with thi ation will be s of Custom between Cus Inc. reserve	declined er. stomer a s the rig	d. and D tht to	ay & Ro adjust th	ss Inc	
Day & Ross Web Se						•								r No if y YES	you v	vish to	NC)
Name						Tel.						En	nail					
		Banki	ng Info	ma	tion an	d Cred	lit F	Refe	eren	ces	(no C	DD r	eference	s, ple	ase)		
Banking Institut	on	Name								Ac	count	Num	ber					
Address	•		•		City					ı	P	rovin	се			ostal ode		
Credit References				t thr	ee trans				ence	s. If			ole, please			ther ve	endor	S.
BUSINESS NAI	ИE	ADDR	ESS			PHOI	ΝĒ	#		_	FAX #	<u> </u>	+	EMA	<u>IL</u>			

GST Exempt (are you that is GST exempt?)	a 3PL or a transp	ortation co	ompany	YES	NO		US Funds			CDN Funds	
Type of shipments (check all that a	apply)		•							
Full Load	LTL			Courier				Internat	tiona	l	
Service you wish to	open an accou	int for									
Freight - LTL/TL (formerly Day & Ross Freight)	Commerce So (formerly Sameday Worldwide)	(Dedicated formerly Day & Ros Dedicated Logistics,		Logistic Chain Solut	,	rly St	ıpply		gistics (formerly e Networks)	
DAY & ROSS USE O	DNLY	Sale	es Rep:				T	erminal			
Logistics Providers											
As a transportation logistics you or your customers rega from any of your customers and/or your customers. Fre	rdless of whether you	u have bee	en paid by your o ult on any of our	customers or r	not. We will	not invo	ice c	r pursue c	ollecti	ion of any charges	
		within thir	ty (30) days of th	ne date of our					, 0		
PRINT NAME AND T		e within thir	ty (30) days of th	ne date of our	invoices. of Month				ed		
		e within thir	ty (30) days of th	ne date of our					ed		
	TITLE		ty (30) days of the	Amount	of Month		edit		ed		
PRINT NAME AND T	E OF SIGNING			Amount	of Month	ly Cre	edit		ed _		
PRINT NAME AND TO	E OF SIGNING form and sign here.			Amount	of Month	ly Cre	edit		ed		

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