



**CREDIT APPLICATION**

Registered Company Name: \_\_\_\_\_

Trade or Other Name Business is Done As \_\_\_\_\_

Street Address \_\_\_\_\_ City: \_\_\_\_\_ Province /State: \_\_\_\_\_ Postal/Zip: \_\_\_\_\_

Billing Address: (If different) \_\_\_\_\_ City: \_\_\_\_\_ Province/ State: \_\_\_\_\_ Postal/Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax # \_\_\_\_\_ Credit Line Requested \_\_\_\_\_

Any special billing instructions \_\_\_\_\_

Accounts Payable Cycle, i.e.: Cheque Print Schedule \_\_\_\_\_

Accts Payable Contact email \_\_\_\_\_

GST #: \_\_\_\_\_ Purchase Orders Required? \_\_\_\_\_ Invoice Attachments req'd? (BOL) \_\_\_\_\_

Customs Broker (inbound) (outbound) \_\_\_\_\_

Contact: Ph: Fx: \_\_\_\_\_

Is your company a ( ) Corporation ( ) Ltd. Partnership ( ) Partnership ( ) Sole proprietorship Years in Business \_\_\_\_\_

(If partnership or sole proprietorship requires information on the principals)

Name (s) of the principal (s)

1 \_\_\_\_\_ Title: \_\_\_\_\_  
 2 \_\_\_\_\_ Title: \_\_\_\_\_

**Credit References:**

1 _____	Location: _____	Phone # _____	Fax _____
2 _____	Location: _____	Phone # _____	Fax _____
3 _____	Location: _____	Phone # _____	Fax _____

Your bank: \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Location \_\_\_\_\_ Contact: \_\_\_\_\_  
 Checking #: \_\_\_\_\_ Savings \_\_\_\_\_

**CREDIT TERMS**

In consideration of FMI Logistics Inc. (The Supplier) granting credit facilities to the undersigned (The Applicant), the Applicant hereby agrees to the following terms and conditions: Accounts are due and payable 30 days from the date of each invoice. A service charge of 2% per month (26.8% per annum) will accrue on any past due balance.

Should FMI Logistics Inc. use the services of a lawyer to collect monies overdue or otherwise enforce the terms of this Application, the Applicant agrees to pay the Supplier, for such legal services on a solicitor and his own client basis. The Applicant authorizes FMI Logistics Inc. to exchange information with credit reporting agencies and obtain such credit reports and other information including a bank reference as may be deemed necessary respecting the Applicant, the Principals of the Applicant and the Signatories on behalf of the Applicant. This Application must be signed by a person authorized to sign on behalf of the Applicant.

The Above information, both printed and written, has been carefully read by the undersigned and is a true and complete statement.

Date \_\_\_\_\_ Name (Please Print) \_\_\_\_\_

Title \_\_\_\_\_ Authorized Signature \_\_\_\_\_

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 For FMI use only: Requested By: \_\_\_\_\_ Date \_\_\_\_\_ Annual Sales \_\_\_\_\_ Customer Contact Email \_\_\_\_\_

Branch code \_\_\_\_\_ Warehouse code \_\_\_\_\_ Currency: CDN \_\_\_\_\_ USD \_\_\_\_\_ GST Eligible? Yes \_\_\_\_\_ No \_\_\_\_\_