CREDIT APPLICATION

APPLICANT INFORMATION		
Company Name:		
Current address:		
City:	Prov:	Postal Code:
Telephone:	Fax:	Number of years in Business:
Email:		
Your Name and Position:		
Billing address if different from above:		
City:	Prov:	Postal Code:
Telephone:	Fax:	
Email:		
Accounts Payable Contact Name:		

AUTHORIZING INDIVIDUALS	
Name:	Position:
Name:	Position:
Name:	Position:

PARTNERS OR CORPORATE OFFICERS
Name, Title, Phone:
Name, Title, Phone:
Name, Title, Phone:

BUSINESS/CREDIT REFERENCES			
Company Name:			
Contact Name:			How long?
Phone:	E-mail:		Fax:
City:	Prov:		Postal Code:
Company Name:			
Contact Name:			How long?
Phone:	Email:		Fax:
City:	Prov:		Postal Code:
Company Name:			

CREDIT APPLICATION

Contact Name:		How Long?	
Phone:	E-mail:	Fax:	
City:	Prov:	Postal Code:	

BANK REFERENCE

Name of Bank:		
Address:	Phone:	
City:	Prov:	Postal Code:
Account Number:		
Contact Name:		

SHIPMENT INFORMATION

Anticipated monthly account volume: $
Anticipated # of shipments per month:
Description of items being shipped:
Current same day shipping provider:
Current small parcel shipping provider:
Primary Shipping Location:
Other Shipping Location:

I certify that the above information is true; the information is to be used only for the opening of an account and hereby apply to Mahihkan Bus Lines for a credit account and agree to pay Mahihkan Bus Lines upon receipt of invoice.

The applicant agrees to abide by the terms of credit authorized by Mahihkan Bus Lines.

Term: Net 30 days

Signature of applicant	Date
Print Name:	
Signature of co-applicant, if for joint account	Date
Print Name:	