



Providing solutions. Delivering results.™

Credit Application

Legal business name: _____

Business License # _____ WCB # _____

Other trade name(s): _____

Principal address: _____ City: _____ Prov: _____ Postal code: _____

Billing address (if different): _____ City: _____ Prov: _____ Postal code: _____

Phone: _____ Fax: _____

Business Information:

Year started: _____ Type of business: Corporation Partnership Proprietorship Other _____

Contact Information

Principal(s):

Name: _____ Title: _____

Name: _____ Title: _____

Name of Manager: _____ Phone: _____ Fax: _____

Accounts Payable Contact:

Name: _____ Phone: _____ Fax: _____

Banking Reference

Banking Institution: _____ Bank Account # _____

Address: _____ City: _____ Prov: _____ Postal code: _____

Account Manager: _____ Phone: _____ Fax: _____

Credit References (no fuel or utility account references will be accepted)

1. Name: _____ Phone: _____ Fax: _____

2. Name: _____ Phone: _____ Fax: _____

3. Name: _____ Phone: _____ Fax: _____

Invoicing Information

Would you prefer to receive:

Weekly invoices by e-mail or fax? Yes No Monthly statements by e-mail or fax? Yes No

Email Address (if applicable): _____ Fax (if applicable): _____

Do you require documentation with your invoicing?: Yes No If yes, please indicate: Bill of Lading Proof of Delivery

Terms and Conditions

• I / we understand and agree that: (a) Invoices are due and payable within thirty (30) days of the invoice date unless otherwise agreed in writing by KTS Logistics; (b) If credit limits are exceeded or invoices are not paid when due, KTS may, without prejudice to any other rights it may have at law or in equity, suspend or withhold any service; hold any shipment; suspend the operation of any rate agreement and charge prevailing rates for any services provided; and/or, charge interest at a rate of 2% per month (26.8% per year) on any invoice balance which is outstanding for more than 30 days until payment is received. (c) KTS may charge a standard NSF fee of \$25 for any cheque returned or payment stopped. (d) In the event of loss or damage to a shipment, it is my / our responsibility to submit a claim to KTS within sixty (60) days after the delivery of the goods or property, or in the case of non-delivery of the entire shipment, within nine (9) months from the date of shipment.

• I / we declare that the above information is true, correct and complete and is given to induce KTS Logistics Inc. to extend credit.

• In connection with this application for credit, I / we hereby authorize KTS to conduct an investigation of my / our credit worthiness and in connection with such investigation make such inquiries as it may in its discretion deem necessary.

• I / we hereby authorize any banks, credit reporting agencies, and trading references and counterparties to disclose to KTS Logistics Inc. any and all relevant information concerning my financial and credit history.

Print Name: _____ Title: _____ Date: _____

Signature: _____ Credit Limit Requested: _____