

Maritime-Ontario Freight Lines Ltd.

APPLICATION FOR CREDIT

MO Sales Rep: _____ Account Number: _____

LEGAL BUSINESS NAME: _____

OPERATING AS: _____

BILLING INFORMATION:
ADDRESS: _____

CITY/PROVINCE: _____ POSTAL CODE: _____

TELEPHONE: _____ FAX: _____

EMAIL ADDRESS: _____

A/P CONTACT: _____ TRAFFIC CONTACT: _____

PICK UP/DELIVERY ADDRESS (IF DIFFERENT FROM ABOVE):

FREIGHT DESCRIPTION:

YEARS IN BUSINESS: _____ CREDIT AMOUNT REQUESTED: _____

ARE YOU A FREIGHT CARRIER/FORWARDER? YES___ NO___

WHICH DIVISION ARE YOU APPLYING FOR CREDIT WITH:

M-O FREIGHTWORKS: _____ M-O COLDChain: _____ M-O LOGISTICWORKS: _____

REFERENCE INFORMATION:

FINANCIAL INFORMATION:

BANK NAME: _____ ACCOUNT/TRANSIT #: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

BUSINESS CREDIT REFERENCE

NAME: _____

TELEPHONE: _____ FAX: _____

NAME: _____

TELEPHONE: _____ FAX: _____

TERMS:

ALL ACCOUNTS ARE DUE & PAYABLE WITHIN 30 DAYS OF DATE OF INVOICE. PAYMENTS ARE TO BE MAILED 1 MARITIME-ONTARIO BLVD., BRAMPTON, ONTARIO L6S 6G4. FAILURE TO MEET TERMS OF CREDIT BY NON-PAYMENT OF BILL BY DUE DATES SHALL BE SUFFICIENT GROUNDS FOR CANCELLATION OF CREDIT. SUBJECT TO TERMS & REGULATIONS OF TARIFF 520, ITEM NO. E, "BILL OF LADING". BUSINESS REFERENCES MUST BE VERIFIED BEFORE APPLICATION WILL BE APPROVED. FAILURE TO SUPPLY VIABLE REFERENCES WILL CAUSE A DELAY IN PROCESSING OF ACCOUNT REQUEST. REFERENCES SHOULD INCLUDE ONE TRANSPORTATION REFERENCE. BY SIGNING THE APPLICATION YOU HAVE READ & AGREE TO THE ABOVE TERMS. THANK YOU FOR YOUR CO-OPERATION & BUSINESS.

SIGNATURE: _____ DATE: _____

TITLE: _____

PLEASE RETURN BY FAX OR EMAIL TO 905-792-6115 OR jaylward@m-o.com. Thank you.