



Credit Application

General Information

Legal Company Name: _____
 Operating As and/or Affiliate Company Name (if any): _____
 Physical Address: _____
 Mailing Address: _____ City _____ Prov _____
 Postal Code _____ Tel _____ Fax _____ E-Mail _____
 Accounts Payable Contact _____ Tel (If Different) _____
 Accounts Payable Email _____ Billing Email _____

Company Owner(s) - Principals

Name _____
 Tel: _____ Email: _____
 Name _____
 Tel: _____ Email: _____
 Name _____
 Tel: _____ Email: _____

Business Information

Type of Ownership: ___ Individual ___ Partnership ___ Corporation
 Type of Business: _____
 # Years in Business _____
 Credit Requested \$ _____

Bank Information

Name of Bank _____ Transit _____ Account Number _____
 Address _____ Bank Contact _____
 Tel _____ Fax _____ Assignment of Accounts Receivable ___ YES ___ NO
 Name of Signing Officer _____ Signature of Signing Officer _____

I give Maritime-Ontario Freight Lines Limited authorization to obtain Business information of this company including detailed bank reports for the purpose of opening this account and monitoring it for this business relationship.

Credit Card (Visa, Master Card Only)

Name on Card _____
 Card Number _____ Expiry Date _____ CVV# _____

Trade References	City	Phone	Fax
1.			
2.			
3.			
4.			

Applicant's Name _____

Signature _____

Date _____

INVOICING REQUIREMENTS



To make sure you are serviced correctly from an administrative side, please complete the following:

How would you like your invoices to be sent (Select 1): EMAIL EDI MAIL

If by email please supply the email address, as well as to whose attention.
Invoicing by email can only be sent to one (1) email address

If by EDI, please supply your IT contact to begin the set up process.
Please note this could take several weeks to complete, so until completed please advise the alternate method.

Contact: _____ Alternate Method: EMAIL MAIL

Do you require all invoices generated on the same date to be put on one bill number: YES NO
** Only issued if 5 of more invoices are issued.*

Backup is available on our website at www.m-o.com at no additional cost. Please contact to retrieve an access code.
Customers requiring copies accompany billing will be charged a fee, based on our Conditions of Carriage.

Backup Required: BOL POD

TERMS & CONDITIONS FOR CREDIT

1. Credit begins at N-30 days from the invoice date.
2. Backup is available on our website at www.m-o.com. Customers that require backup with invoicing will be subject to a fee as designated in our Conditions of Carriage. A copy of this is available on our website.
3. Customers will have their invoicing sent by email to the billing email listed on the credit application.
4. Customers must advise M-O of any specific billing requirements PRIOR to the first shipment.
5. Customers must abide by rates & conditions as listed on our Tariff 520 - Conditions of Carriage.
6. Accessorial charges may apply to any shipments. This includes waiting time, tail gate, extra delivery, etc. Charges will be included on the original bill if it is still open. Otherwise an additional bill will follow with charges referencing the original bill.
7. ANY changes or requests made by the customer after the account has been established, will be subject to review and approval by M-O Management.
8. Any returned cheques will result in an immediate hold being put on the account until resolved.
9. Customers cannot withhold payment to M-O due to disputed claims or monies owed to them. Doing so may result in a hold being put on the account until resolved.
10. Any & all disputes will be reviewed and the customers advised accordingly on monies owed.
11. Credit is at the discretion of the Credit & Collection Manager of Maritime-Ontario and/or any executive management staff member and can be cancelled or held at any time due to lack of co-operation and/or payments from customers.

By signing this document, you agree to the terms and conditions of credit with Maritime-Ontario Freight, and its divisions. This document must be returned with the application, approved & signed by a **signing authority** of the company requesting credit.

Applicant's Name _____

Signature _____

Title _____

Date _____

Please return completed application to credit@m-o.com or fax to (905) 792-6115