

# Daringer

## TRANSPORT LTD.

### & Warehousing



P.O. Box 4641, 1990 Inland Dr. Regina SK. S4P 3Y3  
 Phone:(306)924-1630 - Fax:(306)347-8085

#### APPLICATION FOR CREDIT

NAME OF FIRM: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 CITY/TOWN: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
 MAILING ADDRESS (If different from above) \_\_\_\_\_ CITY/TOWN: \_\_\_\_\_  
 POSTAL CODE: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_ YEARS IN BUSINESS: \_\_\_\_\_  
 CREDIT LIMIT REQUESTED: \_\_\_\_\_ CONTACT PERSON FOR ACCOUNT INQUIRIES: \_\_\_\_\_  
 TITLE: \_\_\_\_\_  
 COMMENTS/SPECIAL INSTRUCTIONS: \_\_\_\_\_

#### PRINCIPALS OF COMPANY:

NAME: \_\_\_\_\_ POSITION/TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_ POSITION/TITLE: \_\_\_\_\_

#### TRADE REFERENCES: (Local references If possible, not other freight companies)

1. COMPANY NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 CITY/TOWN: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_  
 PHONE NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_  
 CONTACT NAME: \_\_\_\_\_ POSITION/TITLE: \_\_\_\_\_
2. COMPANY NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 CITY/TOWN: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_  
 PHONE NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_  
 CONTACT NAME: \_\_\_\_\_ POSITION/TITLE: \_\_\_\_\_
3. FINANCIAL INSTITUTION: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 CITY/TOWN: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_  
 PHONE NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_  
 CONTACT NAME: \_\_\_\_\_ POSITION/TITLE: \_\_\_\_\_

#### CREDIT TERMS:

Accounts are due and payable upon receipt of invoice and are considered overdue if not paid with 30 days from date of invoice. Interest at the rate of 2% per month or any rate we may otherwise determine to be reasonable will be charged on overdue accounts from date of Invoice (subject to a minimum charge of \$2.00). Our credit policy is subject to change without notice. Continued abuse of credit may result in suspension or cancellation of credit privileges without notice. I/we undersigned hereby authorize you or your agent to obtain credit checks/or references from any financial Institution or source that I/we may be dealing with from time to time.

Signature: \_\_\_\_\_ POSITION/TITLE: \_\_\_\_\_  
 NAME (PLEASE PRINT): \_\_\_\_\_ DATE: \_\_\_\_\_

Please note-application must be signed.