

Agent: **AFFORDABLE FREIGHT CONSULTANTS, INC.**
The Armory
49 Cornwallis Street
Kentville, Nova Scotia B4N 2E3
Phone: 902-678-7480 Fax: 902-678-7481

APPLICATION FOR CREDIT ACCOUNT

Date _____

Bill to Company Name _____

Address _____

City _____ Prov/State _____ Postal/Zip Code _____

Phone (_____) _____ Fax (_____) _____

Accounts Payable Contact _____ P.O. No. Required? Yes No

Web Site _____ Email _____

Name of Principal Officer 1 _____ Title _____

Name of Principal Officer 2 _____ Title _____

Bank Name _____

Bank Address _____

Bank Contact _____ Phone (_____) _____

TRADE CREDIT REFERENCES (MINIMUM OF 3 REQUIRED)

Name _____

Address _____

Contact _____ Phone (_____) _____

Name _____

Address _____

Contact _____ Phone (_____) _____

Name _____

Address _____

Contact _____ Phone (_____) _____

TERMS: It is understood and agreed that all invoices will be paid within 15 days from statement date. The undersigned consents to the obtaining of such information as may be required at any time in connection with the credit being applied for, or extension of credit made to the existing account.

Signature of Principal Officer _____ Title _____