



PLEASE COMPLETE THIS APPLICATION AND FAX TO Tracey Ruschin @ 1-403-381-2335
OR E-MAIL TO tracey.ruschin@hrtrans.com AT YOUR EARLIEST CONVENIENCE.

**H&R TRANSPORT LIMITED
APPLICATION FOR CREDIT**

SENT BY: _____ H&R CONTACT

Daily Billings and Correspondence should be addressed to:

COMPANY NAME:			
MAILING ADDRESS:			
CITY:		PROV/STATE:	
POSTAL/ZIP CODE:		FUNDS: CDN _____ U.S. _____	
PHONE #:	FAX #:		E-MAIL:
ACCOUNTS PAYABLE CONTACT NAME:			
OUR LEGAL ENTITY IS: [] INDIVIDUAL [] PARTNERSHIP [] CORPORATION LAW OF _____			
YEAR BUSINESS ESTABLISHED:		CURRENT CARRIER PHONE #:	
OFFICERS/PARTNERS/OWNERS:			
(Name)		(Title)	
(Home Address)		(Home Phone Number)	
BANK:			
(Name)	(Branch Address)		(Phone Number)
(Contact Person)	(Account #)		(Length of Time)
FREIGHT REFERENCES:			
(Name)	(Address)	(Phone #)	(Fax Number)
(Name)	(Address)	(Phone #)	(Fax Number)
(Name)	(Address)	(Phone #)	(Fax Number)

TERMS OF PAYMENT: It is understood and agreed that Terms of Payment are Net 15 days. Please notify us of any discrepancies immediately. Overdue accounts are subject to a minimum service charge of 2% per month (26.82% per annum). NSF cheques will be subject to a service charge.

The applicant consents to H&R Transport Limited obtaining such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account or for any other direct business requirement.

(Date)

(Company Name)

(Title)

(Authorized Signature)