

Credit Application / Authorization to Release Banking Information



CLIENT INFORMATION

Legal Name _____ Trade Style _____
 Physical Address _____ Mailing Address _____

 City, Province _____ City, Province _____
 Postal Code _____ Postal Code _____
 Phone _____ Fax _____

Directors, Officers and Shareholders

Name	Title	Phone if other than above
1. _____	_____	_____
2. _____	_____	_____

BRN/BN/IRS# _____
 Parent Company _____ Relationship Subsidiary _____ %
 Nature of Business _____ Division
 D&B# _____
 Years in Business _____ Sole Proprietorship Privately-Owned Company
 Under Current Ownership _____ Limited Partnership Public Company
 Number of Employees _____ General Partnership Incorporated *indicate province*

Trade References

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____

Credit Requirements / Terms (30 days)

Limit Requested _____

AUTHORIZATION TO RELEASE BANKING INFORMATION

To be completed by CLIENT:

Bank Name _____
 Bank Address _____
 Account Number _____
 Contact Name _____
 Phone Number _____
 Fax Number _____
 Authorized Signature _____

To be completed by BANK only:

Number of Years Dealing _____
 Date of Last Credit Review _____
 Line of Credit Range _____
 Percentage Usage _____
 Average Balance Range _____
 Term Loan Range _____
 Comments _____
 Signature – Stamp _____

CUSTOMER'S AGREEMENT

That the above information is complete and correct in all respects and agrees with the payment terms indicated above. The undersigned hereby consents to PHTS Logistics Inc. obtaining from any credit-reporting agency or credit grantor such information as PHTS Logistics Inc. may require at any time in connection with the credit hereby applied for and consents to the disclosure or exchange at any time or from time to time of any information concerning the undersigned to any credit-reporting agency or grantor with which PHTS Logistics Inc. deals.

Unless otherwise indicated above, the undersigned hereby authorizes each of the aboved-named bank and trade references to furnish to PHTS Logistics Inc., upon the request, such credit and financial information with respect to the undersigned as PHTS Logistics Inc. may require.

Per _____ Name _____
 Date _____ Title _____

FAX TO PHTS 519-363-0885 Transmission problems? Call 519-363-1111.