



2180 Buckingham Rd, Oakville, ON L6H 6H1 Canada

Request for Customer Account

Email: ar@exceltransportation.com

Attn: Credit Department Tel: (905) 364-7779

PLEASE PRINT

BUSINESS INFORMATION

DESCRIPTION OF BUSINESS

Common Name			No. of Employees		Requested Credit Limit	
D&B #						
Legal Name			In Business Since		Type of Business	
Address			Carrier SCAC Code			
			<input type="checkbox"/> Corporation		<input type="checkbox"/> Partnership	
City PR/ST P.C./Zip			<input type="checkbox"/> Division / Subsidiary		<input type="checkbox"/> Proprietorship	
Mailing Address			Parent Company and how long in business			
Mailing City PR/ST P.C./Zip			Phone		Fax	

COMPANY PRINCIPLES RESPONSIBLE FOR BUSINESS TRANSACTIONS

Name: President/CEO		Address		Phone	
Name: CFO / Controller		Address		Phone	
Name: Accts Payable		*Email (Mandatory Field)		Address	
				Phone	

TRADE REFERENCES

Supplier Name	Name of Contact	Address	Telephone	Fax

BANK REFERENCES

Name of Bank		Name of Contact	
Branch		Address	
Account Number		Telephone	

Invoicing / Statement Preference: EDI Email **If e-mail, preferred format:** PDF XLS ***Email Address:** _____ (Mandatory Field)

CUSTOMS BROKER INFORMATION (International Freight Only)

*Email fields are mandatory

Freight to Canada

Freight to the United States

Border Points	Broker	Agent**	Border Points	Broker	Agent**
Sarnia, ON			Port Huron, MI		
Windsor, ON			Detroit, MI		
Queenston, ON			Lewiston, NY		
Lacolle, QC			Champlain, NY		
Emerson, MB					
Vancouver, BC					

* If you ship Canadian Domestic only - check this box.

**Agent required if broker is not 7/24

CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY

It is agreeable that all references be checked before credit is established. **Terms of credit:** All freight invoices are due and payable 15 days from date of invoice. Terms net 15 days. Overdue balance will be subject to interest charges of 2% per month, 24% per annum. All dishonored cheques will be subject to a fee of fifty dollars (\$50.00). All freight charges must be paid before any claim will be processed. If completing this form online, the name entered on the signature line will be deemed as an authorized representative for your company.

SIGNATURE _____	TITLE _____	DATE _____
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THIS SECTION FOR INTERNAL USE ONLY

TERMINAL CODE	ACCOUNT # COLLECTOR CODE	DATE
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