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FREIGHT SYSTEMS INC.

Application for Credit

Company Legal Name _____

Company's Trading Name (s) _____

Physical Address _____

City/Town _____ Province/State _____ Postal Code _____

Telephone # _____ Fax # _____

Billing Address # _____

City/Town _____ Province/State _____ Postal Code _____

DO YOU REQUIRE A P.O. OR REF# TO PROCESS PAYMENT? YES or NO (Please circle one)

Accounts Payable Person _____

Phone # _____ Fax # _____

Email _____

Type of Organization

Proprietorship Partnership Corporation Other

Type of Business _____

How Long? _____

Name of Principals

1 _____

Title _____

2 _____

Title _____

Banking Information

Name of Bank _____

City/Town _____

Province/State _____

Phone No _____

Major Trade References

Please complete this portion in full in order for us to process your credit request. **We require a minimum of 3 trade references.**

The following companies will not provide us with a credit reference so please do not list. **All Major Credit Card Companies, Banks, Fuel Companies.**

1. Supplier _____

Phone _____

Fax _____

Contact _____

2. Supplier _____

Phone _____

Fax _____

Contact _____

3. Supplier _____

Phone _____

Fax _____

Contact _____

THE UNDERSIGNED FURTHER DECLARES THAT THE STATEMENTS MADE HEREIN ARE TO THE BEST OF MY KNOWLEDGE TRUE AND CORRECT.

To be signed by owner, partner, or authorized individual designated by the applicant.

I, _____ Being Duly Authorized by _____

Full Name

Company Legal Name

Consent to Precision Freight Systems Inc., or any person acting on behalf of Precision Freight Systems Inc. making any inquiries of any such person, firms or Corporation as it Deems Necessary to reach a decision on this application.