

Credit Application



Business Information

Company Name		
Billing Address 1	Billing Address 2	
City	Province/State	Postal/ZIP Code
Phone	Email	Website

President/Key Management Contact

First Name	Last Name	Position
Phone	Email	

Other Key Contact

First Name	Last Name	Position
Phone	Email	



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Accounting Supervisor/Manager Contact

First Name

Last Name

Position

Phone

Email

Accounts Payable Contact

First Name

Last Name

Phone

Email

Email to send invoices to

Email to send statements to

Is POD required?

Yes

No

Accounts Receivable Contact

First Name

Last Name

Phone

Email



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Transportation Manager Contact

First Name

Last Name

Phone

Email

Transportation Procurement Contact

First Name

Last Name

Phone

Email

Transportation Coordinator Contact

First Name

Last Name

Phone

Email

OSD/Claims Contact

First Name

Last Name

Phone

Email

EDI Integration Contact

First Name

Last Name

Phone

Email



Credit Application



Business Questions

What is your office's hours of operation?

Which Customs Broker(s) are currently handling your cross border customs clearances?

Canada to USA

USA to Canada

Is your company EDI capable? If yes, which of these EDI status codes are you capable of integrating with?

204

Load tender accept and decline?

210

Invoicing electronically

214

Status updates including arrive shipper, depart shipper, arrive at delivery, delivered etc.

Is your company capable of receiving GPS location updates through a sharing connection?

Yes

No

If yes, please provide name of sharing connection partner(s) (eg: Macropoint, Fourkites, Trimble Visibility, etc.)

Is your company interested in accessing documents electronically via our customer web portal?

Yes

No

If yes, please provide name, phone number, and email of person requiring access.

First Name

Last Name

Phone

Email

Tax Questions

Federal Tax Number

Business Started (Year)

Email to send monthly statements

Type of business:

Sole Proprietorship

Partnership

LLC

Corporation

Other



Credit Application



Financial Information

Name of Bank

Branch Address 1

Branch Address 2

City

Province/State

Postal/ZIP Code

Phone

Contact

Credit Amount Requested

Days to process payment after receiving our invoice?

Would you like to make payments by EFT or Credit Card?

EFT

Credit Card

Please provide three corporate credit references (preferred to be **carrier references**)

Credit Reference #1

Company

First Name

Last Name

Address 1

Address 2

City

Province/State

Postal/ZIP Code

Phone

Email



Credit Application



Credit Reference #2

Company	First Name	Last Name
Address 1	Address 2	
City	Province/State	Postal/ZIP Code
Phone	Email	

Credit Reference #3

Company	First Name	Last Name
Address 1	Address 2	
City	Province/State	Postal/ZIP Code
Phone	Email	



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Payment Terms

Net 30 days, interest at a rate of 2% per month (24% per annum) will be assessed on all overdue invoices.

Terms and Conditions

I hereby authorize and consent to be in receipt and exchange of credit information by Trappers Transport Ltd., from time to time including the exchange of credit information with any credit bureau or any person or corporation with which Trappers Transport Ltd. deems appropriate. I/we understand that I/we will be required to pay our account balance in full in accordance with Trappers Transport Ltd. payment terms, as indicated above.

Signature		
Signature	Date	
Name	Title	Company

Signing this form means the above person is an authorized signee on behalf of the company.

Please fill out and return to ar@trappertransport.com.
Any credit/payment questions, please feel free to email.



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