



**Credit Application**

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

Company Information

Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

If Subsidiary, Parent Company Name: \_\_\_\_\_

Owners Name: \_\_\_\_\_ Address: \_\_\_\_\_

Property: Owned \_\_\_\_\_ Rented \_\_\_\_\_ Leases \_\_\_\_\_

Business Type: Mfg/Supplier \_\_\_\_\_ Trucking Co. \_\_\_\_\_ Load Broker \_\_\_\_\_

Banking Information: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Contact \_\_\_\_\_

If Load Broker is this account "in Trust" \_\_\_\_\_ YES \_\_\_\_\_ NO

REFERENCES	Phone#	Fax #
1. _____		
2. _____		
3. _____		

Eagle Transportation reserves the right to charge a 2% service charge on overdue accounts. All credit terms at **NET 30 DAYS**.

I/We hereby agree that Eagle Transportation or it agents may conduct or cause an investigation in regards to this credit application. I/We do understand that our account will be checked at Equifax Canada.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please complete and return to: Attn: Jackie Rodgers [jrogers@eagletransportation.ca](mailto:jrogers@eagletransportation.ca)  
or fax (506)432-4191