

BERRY & SMITH

NEW CUSTOMER CREDIT APPLICATION DATE _____

NAME _____

ADDRESS _____

CITY _____ PROV/STATE _____ POSTAL/ZIP CODE _____

CONTACT PERSON _____

PHONE _____ FAX _____

CREDIT LIMIT REQUESTED \$ _____ LENGTH OF TIME IN BUSINESS _____

PAYABLES

PERSON TO CONTACT:	TITLE	PHONE
BANK NAME:	BRANCH:	BANK ACCOUNT NUMBER
BANK CONTACT:	TITLE	PHONE:
BANK ADDRESS:		

TRADE REFERENCES: (Minimum of 3 are required, 2 must be carriers)

VENDOR NAME	ADDRESS	FAX	PHONE NO.	E-MAIL

SPECIAL BILLING INFORMATION

POD REQUIRED _____ YES _____ NO SHIPPER BOL _____ YES _____ NO

E-MAIL INVOICE _____ YES _____ NO E-MAIL ADDRESS _____

SEND INVOICES TO THE ATTENTION OF _____

TO BE COMPLETED BY BERRY AND SMITH

REFERENCES CHECKED BY _____

CUSTOMER CODE ASSIGNED BY _____

THIS IS NOT A PERSONAL GUARANTEE:

I hereby represent that I am authorized to submit this application on behalf of the customer named above, and that the information provided is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize Berry and Smith Trucking Ltd. to investigate the references listed pertaining to my/our credit and financial responsibility. It is agreed and understood that all necessary collection, legal expenses and interest may be charged to debtor in the event of default. I/we further represent that the customer applying for credit has the financial ability and willingness to pay all invoices with established terms.

BY: _____ DATE: _____