1751 PRAIRIE AVENUE
PORT COQUITLAM BC V3B 1V2
Phone: +1(778) 635-1000 Toll Free: 1(866) 439-7688

CREDIT APPLICATION

Business Information			
Legal Name:	Address:		
Trade Name:	City:	Prov/St:	PC/Zip:
General email:	Ph:	Fax:	
Nature of Business:	Hours of operation:		

Corporate Representatives			
Name	**Title**	**Phone**	**Email**
	President / CEO		
	CFO / Controller		
	Accounts Payable		

Bank Reference		
Name of bank:	Ph:	Fax:
Location:	Contact Name:	

Trade References			
Company Name	**Contact Name**	**Phone**	**Fax**

By the signature of its authorized representatives below, the Applicant confirms that this Application for Credit/Terms of Supply is the agreement it has made.

Name of Signing Authority: _____ Title: _____

Signature: _____ Date: _____

(Please print and complete in full. Incomplete applications may be returned unprocessed)

TERMS OF CREDIT ARE NET 30 DAYS FROM ORIGINAL INVOICE DATE. THE APPLICANT BY SIGNING THIS FORM AGREES TO AND UNDERSTANDS GNS SOLUTIONS TERMS & CONDITIONS. ALL FREIGHT CHARGES MUST BE PAID BEFORE ANY CLAIM WILL BE PROCESSED.
ROADVISE LOGISTICS LTD. RESERVES THE RIGHT TO SUSPEND OR CANCEL CREDIT PRIVILEDGES AT ITS SOLE DISCRETION.

FOR OFFICE USE ONLY - DO NOT COMPLETE

Received by	Validated	Credit amount	Representative

Return filled for Via Fax: +1(778) 635-1000 or Email: Accounting@roadvise.ca