



2815 14th Avenue, Markham, Ontario L3R 0H9
 Phone: 800-263-3356 905-513-2004
 Fax: 905-513-2121

ACCOUNT APPLICATION

* CORPORATE NAME: _____ BUSINESS TYPE: _____
 TRADE NAME: _____ DATE INCORPORATED: _____
 STREET ADDRESS: _____ PROVINCE/STATE: _____
 CITY: _____ POSTAL/ZIP CODE: _____
 PHONE: _____ DO YOU SHIP TO USA? _____
 FAX: _____ C-TPAT CERTIFICATION SVI # _____

* BILL TO ADDRESS: _____
 ACCOUNTS PAYABLE CONTACT NAME : _____
 ACCOUNTS PAYABLE CONTACT PHONE #: _____

* PRINCIPALS/OFFICERS

NAME: _____	TITLE: _____
NAME: _____	TITLE: _____
NAME: _____	TITLE: _____
NAME: _____	TITLE: _____

* BANKING REFERENCES

NAME OF INSTITUTION: _____	BRANCH/TRANSIT: _____
ACCOUNT MANAGER: _____	ACCOUNT #: _____
ADDRESS: _____	
PHONE #: _____	FAX #: _____

* TRADE REFERENCES

1 _____	PHONE #: _____
2 _____	PHONE #: _____
3 _____	PHONE #: _____

* AMOUNT OF CREDIT REQUESTED: _____

* DOCUMENTS REQUIRED WITH YOUR INVOICE

* <u>INVOICE DELIVERY:</u>	* <u>INTERNET ACCESS TO VIEW OR RETRIEVE INVOICES & POD'S</u>
Fax#: _____	Name: _____
Email: _____	Email: _____
EDI#: _____	
	* <u>LOAD TRACKING:</u>
	Name: _____
	Email: _____

* METHOD OF PAYMENT: Please indicate if using Electronic Transfer for Payment
 Please indicate if Mailing Cheques for Payment

ELECTRONIC TRANSFER BANKING DETAILS:

MAILING OF CHEQUES ADDRESS DETAILS:

NATIONAL BANK OF CANADA
 600 de la Gauchetiere
 Montreal Quebec

Canadian Dollar:
 Transit #00011
 Financial Institution # 006
 Account #30-726-25

US Dollar:
 Transit #00011
 Financial Institution # 006
 Account #05-270-60

Accounts Receivable Department
 HIGHLAND TRANSPORT
 2815 14th Avenue.
 Markham, Ontario Canada L3R 0H9

TERMS AND INTEREST

We acknowledge that the credit terms granted by Highland Transport are Net 30 days.
 We acknowledge that interest will be charged on all past due balances at a rate of 24% per annum.
 We acknowledge that for any third party billing, requested by us, we accept responsibility for payment in the event the third party fails to pay pursuant to the Bill of Lading Act.
 We the undersigned grant permission to Highland Transport to obtain and exchange credit and financial information on our Company, in order to establish credit requested in this application.

CORPORATION NAME	SOLE OWNERSHIP/PARTNERSHIP
SIGNATURE	OWNER/PARTNER
NAME AND TITLE	NAME
DATE	DATE

FOR HIGHLAND TRANSPORT USE ONLY:

CREDIT LIMIT APPROVED:	BANK CHECKED:
APPROVED BY:	REFERENCES CHECKED:
DATE:	CREDIT AGENCY CHECKED:

