



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 &amp; 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: _____

