



5200 Maingate Drive, Mississauga, ON L4W 1G5 Canada

Request for Customer Account

Email: credit@tst-cfexpress.com

Tel: (905) 625-7500 Fax: (905) 624-7019

Attn: Credit Department

PLEASE PRINT

BUSINESS INFORMATION

DESCRIPTION OF BUSINESS

Common Name			No. of Employees	Requested Credit Limit
D&B #				
Legal Name			In Business Since	Type of Business
Address			Carrier SCAC Code	
City PR/ST P.C./Zip			<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
Mailing Address			<input type="checkbox"/> Division / Subsidiary	<input type="checkbox"/> Proprietorship
Mailing City PR/ST P.C./Zip			Parent Company and how long in business	
			Phone	Fax

COMPANY PRINCIPLES RESPONSIBLE FOR BUSINESS TRANSACTIONS

Name: President/CEO	Address	Phone
Name: CFO / Controller	Address	Phone
Name: Accts Payable	*Email (Mandatory Field)	Address Phone

TRADE REFERENCES

Supplier Name	Name of Contact	Address	Telephone	Fax

BANK REFERENCES

Name of Bank	Name of Contact
Branch	Address
Account Number	Telephone
Invoicing / Statement Preference: <input type="checkbox"/> EDI <input type="checkbox"/> Email	If e-mail, preferred format: <input type="checkbox"/> PDF <input type="checkbox"/> XLS *Email Address: (Mandatory Field)

CUSTOMS BROKER INFORMATION (International Freight Only)

*Email fields are mandatory

Freight to Canada			Freight to the United States		
Border Points	Broker	Agent**	Border Points	Broker	Agent**
Sarnia, ON			Port Huron, MI		
Windsor, ON			Detroit, MI		
Queenston, ON			Lewiston, NY		
Lacolle, QC			Champlain, NY		
Emerson, MB					

**Agent required if broker is not 7/24

* If you ship Canadian Domestic only - check this box.

CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY

It is agreeable that all references be checked before credit is established. **Terms of credit:** All freight invoices are due and payable 15 days from date of invoice. Terms net 15 days. Overdue balance will be subject to interest charges of 2% per month, 24% per annum. All dishonored cheques will be subject to a fee of fifty dollars (\$50.00). All freight charges must be paid before any claim will be processed. If completing this form online, the name entered on the signature line will be deemed as an authorized representative for your company.

SIGNATURE _____ TITLE _____ DATE _____

THIS SECTION FOR INTERNAL USE ONLY

TERMINAL CODE	ACCOUNT #	DATE
	COLLECTOR CODE	