



Tel: 519-326-0101 Fax: 519-326-0204
www.bonneaufreight.com

CREDIT APPLICATION

COMPANY INFORMATION	
LEGAL NAME OF COMPANY	
TRADE NAME (if different than above)	

	PHYSICAL ADDRESS	MAILING ADDRESS <input type="checkbox"/> Same as physical address
ADDRESS 1		
ADDRESS 2		
CITY, PROV.		
POSTAL CODE		

TYPE OF BUSINESS:	Proprietorship	Year Established	Owners/Directors	%
	Partnership			
	Corporation			

ACCOUNTS PAYABLE CONTACT & BILLING ADDRESS			
CONTACT		BILLING ADDRESS <input type="checkbox"/> Same as mailing address	
NAME		ADDRESS 1	
PHONE		ADDRESS 2	
FAX		CITY, PROV.	
E-MAIL		POSTAL CODE	

CREDIT REFERENCES						
1.	COMPANY		PHONE		FAX	
	CONTACT		E-MAIL			
2.	COMPANY		PHONE		FAX	
	CONTACT		E-MAIL			
3.	COMPANY		PHONE		FAX	
	CONTACT		E-MAIL			

BANKING INFORMATION			
BANK		TELEPHONE	
BRANCH		CONTACT	

I hereby apply for a 30 day charge account with BONNEAU FREIGHT, understand terms of payment on this account are net 30 days and agree to pay the account on that basis. I warrant and confirm that the information given herein is true and correct, and I understand that it is being used to determine my credit responsibility. You are authorized to obtain any information you may require relative to this application from any source to which you may apply and each such source is hereby authorized to provide you with such information. You are furthermore authorized to disclose, in response to direct inquiries from any other lender or and Credit Bureau, such information on my account as you consider appropriate, and I agree to indemnify you against and save you harmless from any and all claims in damages or otherwise arising from such disclosure on your part. You are also authorized to retain this application.

AUTHORIZED PERSON: _____
(SIGNATURE)
(PRINTED NAME / TITLE)
(DATE)