



APPLICATION FOR CREDIT

Full Legal Name: _____

Operating As: _____

Mailing Address: _____

City: _____ Prov/State: _____ Postal Code / Zip Code: _____

Phone #: _____ Fax #: _____

Billing Address (if different from above): _____

A/P Contact: _____ Direct Phone #: _____

A/P Email: _____

Receive Invoices by: Mail _____ Email _____ Company Website: _____

List Documents required with invoice: _____

Company Officers/Owners:

Name: _____ Position: _____

Name: _____ Position: _____

Line of Business: Manufacturer ___ Wholesaler ___ Retailer ___

Is your business a: Proprietorship ___ Corporation ___ Partnership ___

Years in Business: _____ Customs Broker: _____

How did you become aware of Ghost? _____

Amount of Credit Requested: \$ _____ (MUST be filled out for credit to be established)

Bank Name: _____ Address: _____

Acct# _____ Phone #: _____

Freight Carrier References:

Name: _____ Phone #: _____ Fax #: _____

Name: _____ Phone #: _____ Fax #: _____

Name: _____ Phone #: _____ Fax #: _____

I/we understand that invoices are due and payable within seven (7) days of receipt and no statements shall be issued and that failure to comply with the above will be cause for cancellation of credit privileges without notice.

The customer/owner acknowledges that the carrier will obtain credit information about the customer/owner from the customer/owner's bank, the freight carrier references set out above, any credit bureaus or any other person the carrier deems necessary to do a proper credit investigation. The customer/owner by his or her signature hereunder authorizes the carrier to seek, obtain and use any and all such information and hereby authorizes the release of such information as requested by the carrier to complete its credit investigation. The customer/owner also authorizes the carrier to provide credit references regarding the customer/owner to others upon request.

Signing Officer Signature

Title (please print)

Name (please print)

Date

Failure to Return & Establish Credit will Result in Payment Due Prior to Delivery
Please return via fax (306-249-3335) or email (receivables@ghosttrans.com)