

Credit Application

Company Name: _____

Address: _____

City: _____ Prov. / State: _____ PC / Zip: _____

Phone: _____ Fax: _____ Website: _____

Contact Name: _____ Email: _____

Accounts Payable Name: _____ Accounts Payable Phone: _____

Legal Structure: Corporation Partnership Proprietorship

GST / IRS# _____ Years in Business: _____

Bank Information: _____

Bank Contact: _____ Email: _____

Bank Phone: _____ Bank Fax: _____

Credit Limit Requested: _____ Invoice Currency: _____

References: Please provide a minimum of 2 Transportation and 2 Trade References below:

Transportation: _____ Phone: _____ Fax: _____

Transportation: _____ Phone: _____ Fax: _____

Trade: _____ Phone: _____ Fax: _____

Trade: _____ Phone: _____ Fax: _____

Radius Logistics Terms are Net 7 days. Past due accounts will be assessed a finance charge of 1.5% compounded daily.

We certify the information contained herein to be true and correct. We agree to full payment of all invoices per Radius Logistics terms. We understand that we may be liable for additional charges & costs of collection should our credit account become delinquent.

Signature: _____ Title: _____

Name (Please Print): _____ Date: _____

Please fax to 604-541-1923

Radius Logistics

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