

MIDLAND

100 Midland Drive, Dieppe, NB E1A 6X4
PH: 1 888 MIDLAND FAX: 506 859 5361
midlandcredit@midlandtransport.com

CREDIT APPLICATION

Thank you for your interest in Midland Transport Limited. In order that an account, or accounts, be established for your company, we ask that this application for credit be completed and either returned to your sales representative or emailed/faxed back to us. All information provided will remain confidential.

NEW ACCOUNT

Transport Courier Both

CURRENT ACCOUNT (please enter account #)

Transport # _____ Courier # _____

Please specify the currency in which you would like this account to be billed:

CAN\$ US\$

COMPANY INFORMATION

Legal Name: _____ Trade Name: _____

Type of organization: Corporation _____ Partnership _____ Sole Proprietorship _____

Incorporation Date _____

Shipping Address

Street Address: _____

Suite #: _____

City/Town: _____ Prov./State: _____

Country: _____ Postal Code/Zip: _____

Telephone: _____ Fax: _____

Contact (Sales): _____

Billing Address

Street Address: _____

Suite #: _____

City/Town: _____ Prov./State: _____

Country: _____ Postal Code/Zip: _____

Telephone: _____ Fax: _____

Contact (Accts. Payable): _____

*Email: _____ Email: _____

GST Exempt (Y or N): _____ If Yes please provide details: _____

Does your company use an audit company: Y/N _____ If Yes please indicate the name of the company _____

Corporate Officer

Name: _____ Title: _____

Related Companies: _____

CREDIT REFERENCE:

Name: _____ Email: _____ Fax: _____

Name: _____ Email: _____ Fax: _____

Name: _____ Email: _____ Fax: _____

Credit Amount Requested \$ _____ \$ _____
Approximate monthly purchases Transport Courier

Language of Correspondence: English French

Please attach financial statements for limits above \$50,000.

MIDLAND

The undersigned agrees and authorizes Midland Transport/Courier to receive and consult information on my account and my credit experience with all creditors, credit bureaus, banks or any financial institutions and other service suppliers. This agreement is effective for the whole duration of this contract.

I understand that Midland Transport and Midland Courier terms are as follows and agree to comply with these terms:

a) Payment Terms – Thirty (30) days from the date of the invoice. Invoices exceeding 30 days are subject to an interest charge of 1.5% per month, compounded monthly.

FAILURE TO PAY BILLS AS PRESCRIBED BY THE FOREGOING SHALL BE CONSIDERED SUFFICIENT CAUSE FOR CANCELLATION OF THE CREDIT PRIVILEGE.

Authorized Signing Officer Signature _____

Name _____

Title _____

Date _____

Midland Sales Representative _____

MIDLAND

Bank Authorization Form

100 Midland Drive
Dieppe, NB E1A 6X4
Head Office Telephone: (506) 858-5555
Head Office Fax: (506) 859-5361

Please complete this form in its entirety. Please fill in one form for every bank you work with.

Legal Name (of the Applicant): _____

DBA: _____

Address: _____

City/State/Zip: _____

Bank Information

Name: _____

Address: _____

Contact: _____ Phone: _____ Fax: _____

Account Numbers

Checking Account #: _____

Transit Account # (if applicable): _____

Line of Credit Account: _____

Other: _____

I certify that I am the authorized user of the aforementioned bank account(-s).

I hereby authorize Midland Transport/Midland Courier/"authorized agents"
to obtain credit information from the above listed bank references(-s).

Name: Position:

E-mail: Signature: Date:

After completing this form, please return to us through one of the following options:



Scan to midlandcredit@jdirving.com

or



Fax to **506-858-7557**