

PROVOST FREIGHT LINES INC.

APPLICATION FOR CREDIT

P.O. Box 681, Provost, AB. T0B 3S0 / **Phone:** (780)753-2299 / **Fax:** (780)753-6764

Legal Company / Trade Name: _____

Address: _____

Billing Address: _____

(If Different) _____

Phone: _____

Fax: _____

Email: _____

Business Type: Sole Proprietor Partnership Limited Company Corporation

Years in business: _____

Type of Business: _____

Names/Addresses of Individuals or Partners

-or-

Name/Title/Phone Number of Corporate Officers

Name of Person to Contact Regarding Purchase Orders and Invoices, Title, Address, and Phone

Bank Reference

Bank Name: _____

Bank Address: _____

Bank Phone & Fax: _____

Trade References: Company Name, Address, Contact and Title, and Phone Number

1 _____
2 _____
3 _____

Terms: It is hereby agreed that invoices are to paid on a net 30 days basis. All overdue accounts are subject to a 2% interest charge per month.



SIGNED _____

TITLE _____

DATE _____