

Company

Full Legal Name: _____
 Trading Name (if different): _____
 Address: _____
 City/Province: _____ Postal Code: _____ Contact Name: _____
 Address where invoices are to be forwarded: _____
 City/Province: _____ Postal Code: _____ Contact Name: _____
 Telephone Number: _____ Fax Number: _____ Email: _____
 Nature of Business: _____
 Legal Structure: Incorporated () Partnership () Proprietorship ()
 Year Business Established: _____ Business Number: _____
 Importer Number: _____ GST Number: _____
 Name of Authorized Corporate Officer: _____ Title: _____

Financial

Bank: _____ Account Number: _____
 Address: _____ Account Manager: _____
 Telephone Number: _____ Fax number: _____
 Secondary Bank: _____ Phone Number: _____
 (and/or former Bank if under 2 years)

Trade References

Name: _____ Telephone Number: _____ Fax Number: _____
 Name: _____ Telephone Number: _____ Fax Number: _____
 Name: _____ Telephone Number: _____ Fax Number: _____

Credit Limit Requested: \$ _____ Amount must be completed for approval.

The undersigned certifies that all the information on this application is true, accurate, and complete. By signing below, I/We hereby consent to the obtaining from any credit reporting agency or credit grantor, for such information as Frontier Supply Chain Solutions Inc. may require at any time in connection with the credit hereby applied. I understand that Frontier Supply Chain Solutions Inc. reserves the right to charge 2% per month (24% annum) on all invoices that are paid beyond our monthly settlement terms, and may withdraw credit privileges at anytime without notice.

CREDIT WILL NOT BE GRANTED UNTIL APPLICATION IS APPROVED. FUNDS WILL BE REQUIRED IN ADVANCE IF THERE ARE SHIPMENTS ON HAND AND CREDIT HAS NOT BEEN APPROVED.

Authorized Signature(s):

 Name Signature Title Date (M/D/Y)

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 Name Signature Title Date (M/D/Y)