

## **CREDIT APPLICATION**

Toll Free Tel: 1.877.704.3727 Toll Free Fax: 1.877.455.3727 Website: www.frontierscs.com

<u>Company</u>					
Full Legal Name:					
Trading Name (if different):					
Address:City/Province:	D (10 1		O ( ) ( ) ( )		
City/Province:	Postal Code:_		Contact Name		
Address where invoices are City/Province:	to be forwarded:		Careta et Names		
City/Province:	Postal Code:_		_Contact Name:		
Telephone Number:			_Emaii:		
Nature of Business: Legal Structure: Incorpora	etad ( ) Dartnarahin (	\ Dransiatarahin	/ \		
Year Business Established:		CST Number:			
Importer Number:Name of Authorized Corpor	ate Officer:	_GST Number	Titlo		
Name of Authorized Corpor	ate Officer		_1106		
<u>Financial</u>					
Bank:		Account Number:			
Address:					
Telephone Number:		Fax Number:			
Secondary Bank:		_Phone Number:			
(and/or former Bank if under 2	years)				
Trada Pafaranas					
Trade References	Emoil/Eov:		Dhono:		
Name:	EIIIdII/FdX Email/Fax:		Phone: Phone:		
Name:	Email/Fax: Email/Fax:		Phone:		
ramo.	Emai/rax.		1 110110		
Credit Limit Requested:	<b>5</b>	*Amou	int must be comple	ted for approval*	
Services Requested: Coutts					
The undersigned certifies that a consent to the obtaining from an	y credit reporting agency or	credit grantor, for such infor	mation as Frontier Sup	ply Chain Solutions Inc.	
may require at any time in conn the right to charge 2% per mont credit privileges at any time without	h (24% annum) on all invoic				
, ,					
CREDIT WILL NOT BE GRANT ARE SHIPMENTS ON HAND AN			ILL BE REQUIRED IN	ADVANCE IF THERE	
Authorized Signature(s):					
Authorized Signature(s):					
Authorized Signature(s):  Name	Signature	Title		Date (M/D/Y)	
	Signature	Title		Date (M/D/Y)	
	Signature Signature	Title Title		Date (M/D/Y)  Date (M/D/Y)	