

ATLAS COURIER LTD. CREDIT APPLICATION

The undersigned company is applying for credit with Atlas Courier Ltd. and agrees to abide by the standard terms and conditions as printed on the reverse side.

Company name		
Billing Address		
City	Province	Postal Code
Phone	Fax	
Contact Person	Position	Phone
Accounts Payable Contact	Phone	Fax

DELIVERY AND PICK UP INFORMATION

Delivery Address		Room/Floor/Dept
City	Province	Postal Code
Phone	Fax	
Hours of Operation: Monday - Friday		
Contact Person	Position	Phone
Email Address		
Are References or Purchase Order Numbers required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Additional Information:		
Would you like to set up an Atlas FasTRAC on line account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of user:		
Email address:	Ext #:	
Would you like to have your invoices emailed to you	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email address to direct invoices to:		
Are you GST exempt?	<input type="checkbox"/> Yes If yes please provide your GST Number: _____	<input type="checkbox"/> No
Amount of credit requested per month \$	or per year \$	
Have you ever had credit with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a:		
<input type="checkbox"/> CORPORATION	If yes provide Year _____ and Province of Incorporation	
<input type="checkbox"/> PARTNERSHIP		
<input type="checkbox"/> SOLE PROPRIETORSHIP		

TRADE REFERENCES

NOT REQUIRED IF ACCOUNT IS PAID BY CREDIT CARD - COMPLETE ITEM 5 IN THE NEXT SECTION

Reference #1	Name		
	Address		
	Phone	Fax	
Reference #2	Name		
	Address		
	Phone	Fax	
Reference #3	Name		
	Address		
	Phone	Fax	
BANK REFERENCES	Account #	Name of bank	
	Address		
	Contact person	Phone	Fax

**PLEASE FORWARD COMPLETED CREDIT APPLICATION TO ATLAS COURIER BY FAX: (604) 879-2311
OR EMAIL AR@ATLASCOURIER.COM OR MAIL TO 112 - 4238 LOZELLS AVE, BURNABY, B.C. V5A 0C4**

I represent that the information in this application is true and is given to induce Atlas Courier Ltd. to extend credit to the applicant. My company and I authorize Atlas Courier Ltd. to make such credit investigation as Atlas Courier Ltd. sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to Atlas Courier Ltd. any and all information concerning the financial and credit history of my company and myself. I also understand that there is a \$100 per month billing minimum on the account and if it is not reached Atlas Courier Ltd. will charge an Administrative Fee to make up the difference.

I have read the terms and conditions stated below and agree to all of these terms and conditions.

Authorized Signature: _____

Date: _____

Printed name: _____

Title: _____

GENERAL TERMS AND CONDITIONS AND PERSONAL GUARANTEE

1. Please note there is a \$100 per month minimum billing requirement plus GST. Based on the volume, invoices are processed monthly, semi-monthly or weekly. Please check if you have a billing preference: weekly semi-monthly monthly
2. If the monthly billing requirement (\$100) is not met then a fee for the difference will be applied. This fee is waived if customers uses credit card authorized payment at time of billing and have invoices emailed. Please check if you would like this option
3. Invoices are payable in full within 10 days of receipt. If not paid within 30 days they are considered past due and are subject to a 2% per month service charge.
4. No additional credit will be extended to past due accounts unless arrangements are made with our credit department.
5. If you paying Account by Credit Card please check if by Visa or Master Card and our Accounts Receivable office will contact you for your credit card information.

FOR OFFICE USE ONLY

Types of services to be used:

Same Day Overnight Distribution - Same Day Distribution - Overnight
 Victoria Same Day BC National International Documents

Hours of Operation: Monday - Friday

Rate sheet Number: _____

Credit Card Authorization Contact: _____

DATE APPLICATION RECEIVED: _____ **REFERENCES CHECKED** _____ **APPROVED BY** _____

APPROVED CREDIT LIMIT _____ **WEEKLY** **SEMI-MONTHLY** **MONTHLY**

RATING TYPE _____ **ACCOUNT NUMBER** _____ **SALES REPRESENTATIVE** _____

ATLAS FASTTRAC ON LINE ACCOUNT REQUIRED: YES NO **RPSITE ID:** _____ / _____

ENTERED BY: _____ **DATE ENTERED:** _____

SPECIAL INSTRUCTIONS: