



# Customer Credit Application

MJW Transportation & Logistics Inc.

MJW Transport Inc.



Please complete all sections below. You are welcome to attach a separate document with bank and reference details but **sections 1, 2, 3 and 6 must be completed below.**

New customers shipping prior to approval of credit will be required to pay for their first shipments up front.

Please send this to: [accounting@mjwtransport.com](mailto:accounting@mjwtransport.com)

## SECTION ONE: COMPANY INFORMATION

Name company operates as:

\_\_\_\_\_

Number of years in business: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal/Zip \_\_\_\_\_

Prov/State & Country: \_\_\_\_\_

Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Please indicate if billing information is different from above:

\_\_\_\_\_

Legal name (if different from operating name):

\_\_\_\_\_

Corporation

Partnership

Sole Proprietorship

## SECTION TWO: CONTACT INFORMATION

President:

Tel:

Email:

Traffic Manager:

Tel:

Email:

Accounts Payable  
Manager:

Tel:

Email:

## SECTION THREE: INVOICES - *Payment terms are Net 15 days*

Do you offer direct deposit?

Yes

No

Do you require a copy of the POD with your invoice?

Yes

No

*PODs will always be available upon request*

Email address to send invoices to:



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## SECTION FOUR: BANK INFORMATION

Financial Institution: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Postal/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Contact name: \_\_\_\_\_

## SECTION FIVE: CREDIT REFERENCES

Company name: \_\_\_\_\_ Years in business: \_\_\_\_\_  
 Contact person: \_\_\_\_\_ Title/role: \_\_\_\_\_  
 Email address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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 Email address: \_\_\_\_\_ Telephone: \_\_\_\_\_

## SECTION SIX: CREDIT REQUEST and SIGNATURE

**Credit amount requested:** ***Payment terms are Net 15 days***

I hereby certify that I am a signing officer and that the information contained herein is complete and accurate, and that all terms are agreed to. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of credit to be extended.

Signature of Signing Officer

Date

Print Name

### INTERNAL USE ONLY

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Yes  No