

Credit Application

MJW Transportation & Logistics Inc.



Please complete all sections below OR attach a document with all requested information and send to: accounting@mjwtransport.com

COMPANY INFORMATION

Name company operates as: _____

Address: _____

City: _____

Postal/Zip Code: _____

Country: _____

Telephone: _____

Fax: _____

Please indicate if billing information is different from above:

Legal name (if different from operating name):

Corporation

Partnership

Sole Proprietorship

CONTACT INFORMATION

President: _____

Tel: _____

Email: _____

Traffic Manager: _____

Tel: _____

Credit Application

MJW Transportation & Logistics Inc.



Email: _____

Accounts Payable: _____

Tel: _____

Email: _____

BANKING INFORMATION

Financial Institution: _____

Account #: _____

Address: _____

City: _____

Postal/Zip Code: _____

Country: _____

Telephone: _____

Fax: _____

Contact name: _____

INVOICING OPTIONS

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: _____

Invoices are due and payable within 15 days from the date of the invoice

TRADE REFERENCES

Company name: _____

Years doing bus: _____

Address: _____

Tel: _____

Credit Application

MJW Transportation & Logistics Inc.



Contact person: _____

Title: _____

Company name: _____

Years doing bus: _____

Address: _____

Title: _____

Contact person: _____

Years doing bus: _____

Company name: _____

Years doing bus: _____

Address: _____

Tel: _____

Contact person: _____

Title: _____

Credit amount requested: _____

I hereby certify that the information contained herein is complete and accurate. 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.

Authorized by: _____

Date: _____

Credit Application
MJW Transportation & Logistics Inc.



Print name: _____

Title: _____