



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

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: TRADE REFERENCES

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

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

Company name:	_____	Years in business:	_____
Contact person:	_____	Title/role:	_____
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