## **Credit Application**



Please complete the following information and Return Via Email To accounts@pvlogisticsltd.com

Company Profile										
Company Name:										
Operating Name ( If Different):										
Street Address:					Phone:					
City: State/ Prov			nce:			FAX:				
Years In Business:	usiness:									
Parent Company (if Applicable):										
Relationship to Pare	onship to Parent: 🗌 Subsidiary%			Company Structure:				Privately owned company		
		Division				Public company				
GST# Exempt:	🗌 No	No		IRS#/BN:						
Accounts Payble Contact:										
Name:				Title:						
Email Address:				Phone:				FAX:		
Other Contact:										
Name:				Title:						
Email Address:			Phone:						FAX:	
Trade References:										
Company			Contact Name			Title			Phone	
Banking Information										
Bank Name:			Transit#:						tution#	
Street:	Account#:				AB			BA#:		
City: State/ Province:			Contact Name: Contact Phone:			FAX:				
I/ We, the undersigned hereby consent to PV Logistics Solutions Ltd. to make inquiries in to the banking and business references provided. We also hereby acknowledge and consent to further inquiries that will be submitted to third party credit agencies now, and from time to time in the future, to ascertain our ongoing credit worthiness. We also understand and agree that all charges shown on invoices are due Thirty (30) days from the date of shipping goods. Payment made by credit card will be subject to additional service charges. It is also agreed and understood that any charges considered overdue based on aforementioned dates, are subject to a further 2% charge per month and that these further charges shall be added to the original indebtedness owing along with any and all direct costs and fees incurred by PV logistics Solutions Ltd. in collecting the applicants account balances, storage, handling and security of the goods. I/we have read and agree to comply with the above terms and conditions.										
Internal Use only (to be completed by PV Logistics Solutions Ltd):										
Client Carrier Age					Broke				Limit:	
New Credit Aplication   Update to existing Client/ credit application A/c #:   "The Person signing this document is an authorized representative and has authority to execute this document."										
The reison signing this document is an autionzed representative and has autionly to execute this document.										
Signature:					Print Name:					
Date:										