

# MIDLAND

100 Midland Drive, Dieppe, NB E1A 6X4  
PH: 1 888 MIDLAND  
midlandcredit@midlandtransport.com

**Please note:** All three pages of this credit application (credit application and bank authorization form) must be completed to process your application.

## CREDIT APPLICATION

Thank you for your interest in Midland Transport Limited. In order that an account, or accounts, be established for your company, we ask that this application for credit be completed and either returned to your sales representative or emailed/faxed back to us. All information provided will remain confidential.

### NEW ACCOUNT

Transport  Courier  Both

### CURRENT ACCOUNT (please enter account #)

Transport # \_\_\_\_\_ Courier # \_\_\_\_\_

Please specify the currency in which you would like this account to be billed:

CAN \$      US \$

### COMPANY INFORMATION

Legal Name: \_\_\_\_\_ Trade Name: \_\_\_\_\_

Type of organization: Corporation      Partnership      Sole Proprietor

Incorporation Date \_\_\_\_\_

#### Shipping Address

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

Suite #: \_\_\_\_\_

City/Town: \_\_\_\_\_ Prov./State: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code/Zip: \_\_\_\_\_

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

Contact (Sales): \_\_\_\_\_

#### Billing Address

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

Suite #: \_\_\_\_\_

City/Town: \_\_\_\_\_ Prov./State: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code/Zip: \_\_\_\_\_

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

Contact (Accts. Payable): \_\_\_\_\_

\*Email: \_\_\_\_\_ Email: \_\_\_\_\_

GST Exempt (Y or N): \_\_\_\_\_ If Yes please provide details: \_\_\_\_\_

Does your company use an audit company: Y/N \_\_\_\_\_ If Yes please indicate the name of the company \_\_\_\_\_

### Corporate Officer

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Related Companies: \_\_\_\_\_

### CREDIT REFEREENCES:

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Credit Amount Requested \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Approximate monthly purchases      Transport      Courier

Language of Correspondence:      English       French

Please attach financial statements for limits above \$50,000.

# MIDLAND

The undersigned agrees and authorizes Midland Transport/Courier to receive and consult information on my account and my credit experience with all creditors, credit bureaus, banks or any financial institutions and other service suppliers. This agreement is effective for the whole duration of this contract.

I understand that Midland Transport and Midland Courier terms are as follows and agree to comply with these terms:

a) Payment Terms – Thirty (30) days from the date of the invoice. Invoices exceeding 30 days are subject to an interest charge of 1.5% per month, compounded monthly.

FAILURE TO PAY BILLS AS PRESCRIBED BY THE FOREGOING SHALL BE CONSIDERED SUFFICIENT CAUSE FOR CANCELLATION OF THE CREDIT PRIVILEGE.

Authorized Signing Officer Signature \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Midland Sales Representative \_\_\_\_\_

Please complete this form in its entirety. Please fill in one form for every bank you work with.

Legal Name (of the Applicant): _____
DBA: _____
Address: _____
City/State/Zip: _____
<b>Bank Information</b>
Name: _____
Address: _____
Contact: _____ Phone: _____ Fax: _____
<b>Account Numbers</b>
Checking Account #: _____
Transit Account # (if applicable): _____
Line of Credit Account: _____
Other: _____

I certify that I am the authorized user of the aforementioned bank account(-s).

I hereby authorize Midland Transport/Midland Courier/"authorized agents" to obtain credit information from the above listed bank references(-s).

Name:  Position:

E-mail:  Signature:  Date:

After completing this form, please return to us through one of the following options:  
Scan to [midlandcredit@jdirving.com](mailto:midlandcredit@jdirving.com) or Fax to 506-858-7557