



Credit Application

Complete Business Name : _____

Address : _____

City : _____ Postal Code _____

Phone : _____ Fax : _____ E-mail _____

Max. Credit Required Monthly \$ _____ How long in Business _____

Accounts Payable contact : _____ Phone : _____ Ext. _____

Director/ Owner of company _____

Pls. List three (3) References with whom you have an open account with for not less Than three months.

1. Company _____ Contact _____

Address _____ City _____

Tel _____ Fax _____

2. Company _____ Contact _____

Address _____ City _____

Tel _____ Fax _____

3. Company _____ Contact _____

Address _____ City _____

Tel _____ Fax _____

Bank Reference

Name Of Bank : _____ Contact : _____

Address : _____ City : _____

Telephone : _____ Fax : _____

Terms & Conditions

1. **Payment terms are net 30 days from date of delivery.**
2. No Monthly statements are issued, please pay invoice on due date.
3. Any account tendering a NSF cheque shall be cashed only for future transactions And a \$ 50.00 fee will be charged for collections/ processing.
4. Any and all freight claims must be received in writing within 7 days from date Of delivery.
5. Wait times are as follows for pick-ups and deliveries
1 – 12 skids (45 min free for pick-up/ delivery
13 – 18 skids (1 hr free for pick-up and delivery
19 – 26 skids (2 hr free for pick-up and delivery
Excess Wait time is billed at \$ 50.00 per hour. Time card will be provided
Missed pick-ups and/ or additional pick-ups/ deliveries are billed at \$ 50.00
For same city.
6. Our carriers liability maximum is \$2.00 per pound for damage, theft and loss of cargo. Additional insurance for high value goods can be purchased through our carrier or through your own insurance provider. Two Points Logistics does not assume liability for cargo theft, loss and/or damage.

Two Points Logistics appreciates your business and our objective is to provide you with a good And reliable service as well as competitive rates. Prompt payment of your account will allow Us to maintain this commitment. By signing this form, you acknowledge that your have read and understood the terms and conditions of this agreement.

Print Name : _____ Title : _____

Signature : _____ Date : _____
(authorized signing officer)

Please Fax back to 289-649-0998