

**CREDIT AGREEMENT**



TRAFFIX A division of 673753 ONT LTD  
the transportation people

Date (mm/dd/yy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Credit Limit Requested \$ \_\_\_\_\_

Years in business \_\_\_\_\_ Trade Name: \_\_\_\_\_

**ADDRESS**

City: \_\_\_\_\_ Prov. / State \_\_\_\_\_ Fax #: ( ) - \_\_\_\_\_

Invoice Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postal / Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

**ACCOUNTS PAYABLE**

Accounts Payable Contact: \_\_\_\_\_

A/P Fax #: ( ) - \_\_\_\_\_ A/P Phone #: ( ) - \_\_\_\_\_

**BUSINESS**

Type of Business (check one) Corporation  Partnership  Sole Proprietor

Date of Incorporation: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Principal: \_\_\_\_\_

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

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

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

**BANK**

Bank: \_\_\_\_\_ Contact: \_\_\_\_\_

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

City, Prov / State: \_\_\_\_\_

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

Account #: \_\_\_\_\_ Phone #: ( ) - \_\_\_\_\_ Fax #: ( ) - \_\_\_\_\_



**Trade References (Canadian references)**

Name	Phone Number	Contact Name
	( ) -	
	( ) -	
	( ) -	

**Additional Information**

a) Are P.O. #'s required? Yes  No

b) Bill of Lading required? Yes  No

If Yes answered to a) or b) please explain additional requirements:

*The applicant agrees to the terms TRAFFIX grants, which are that all accounts are due and payable within 7 days of the date of the invoice, unless otherwise stipulated in writing and that a service charge of 2% per month, 24% per annum will be paid by the customer on all amounts over these terms.*

*I / We hereby make the credit agreement for credit terms and certify that all the information given is true and correct. I / We hereby authorize TRAFFIX and / or its representative for the purpose of verification and credit investigation, to make contact with our references and / or exchange information with various Credit Bureaus.*

*I / We have read the above and under understand these statements.*

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Traffix  
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Milton, Ontario, L9T 2X7  
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Fax: 905 875 9068  
Toll-free: 1 800 388 4352