



For contact information
visit us at
www.herculesfreight.com

COMPANY NAME: _____

SHIPPING/RECEIVING
STREET ADDRESS: _____

CITY: _____ PROV/STATE: _____ POSTAL/ZIP: _____

PHONE: _____ FAX: _____ GST#: _____

BILLING ADDRESS: _____

CITY: _____ PROV/STATE: _____ POSTAL/ZIP: _____

DATE OF INCORPORATION/PARTNERSHIP: _____ DUNS #: _____

NAMES OF PRINCIPALS OFFICERS: 1. _____ TITLE: _____
2. _____ TITLE: _____

BILLING CURRENCY CDN: US: A/P CONTACT: _____

ESTIMATED MONTHLY CREDIT REQUIREMENT: _____

SPECIAL BILLING INSTRUCTIONS: _____

BANK: _____ ADDRESS: _____

BRANCH: _____ PHONE: _____

CUSTOMS BROKER: _____ PHONE: _____

CREDIT REFERENCE

1) NAME: _____ PHONE: _____
 ADDRESS: _____ FAX: _____

2) NAME: _____ PHONE: _____
 ADDRESS: _____ FAX: _____

3) NAME: _____ PHONE: _____
 ADDRESS: _____ FAX: _____

To the best of my knowledge the above statements are true. My signature below A) indicates my permission to obtain credit information from the sources referenced and B) attests financial responsibility and willingness to pay invoices in accordance with terms.

CREDIT TERMS ARE 30 DAYS

SIGNATURE: _____ DATE: _____

POSITION: _____

COLLECTION PROCEDURES ARE GOVERNED BY ITEMS 435 AND/OR 440 OF THE RULES OF HRCF 100

OFFICE USE ONLY

SALESMEN CODE: _____

APPROVAL: _____ DATE: _____ LIMIT: _____