|  |  |
| --- | --- |
| 7699 Bath Road  Mississauga, Ontario.  Canada. L4T3T1  **Sales Rep:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CWW%20logo | e-shipper_logo |

**Credit Application** **Requested Credit Limit $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **CONSENT AGREEMENT** |

The undersigned hereby consent(s) to Canada Worldwide Services Inc’s use of a non-business consumer credit report on the undersigned in order to further evaluate the credit worthiness of the undersigned as principal(s), proprietor(s) and/or guarantor(s) in connection with the extension of business credit as contemplated by this credit application. The undersigned hereby authorize(s) Canada Worldwide Services Inc’s to utilize a consumer credit report on the undersigned from time to time in connection with the extension or continuation of the business credit represented by this credit application.

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| --- | --- | --- | --- |
| Authorized Signature  **X** | Title | | Date |
|  | | | |
| **COMPANY DATA** | | | |
|  |  | | |
| Legal Name: | Telephone: | | |
|  |  | | |
| Trade Name(s): | Fax: | | |
|  |  | | |
| Street Address: | Billing Address: | | |
| Type of Company:  C Corporation  Sub S Corporation  LLC  Partnership  Proprietorship Other  Are you current on all applicable franchise taxes?  Yes  No. If No, please explain:  Bankruptcy  No  Yes If yes, when filed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Chapter 11  Chapter 7  Other | | | |
|  |  | | |
| Date Started: | Dun & Bradstreet No. (DUNS No.): | | |
|  |  | | |
| Date Incorporated: | Tax ID: | | |
|  |  | | |
| Province of Incorporation: | Parent Company Name: | | |
|  |  | | |
| Accounts Payable Contact: | Telephone: Fax: | | |
|  | E-Mail: | | |
| Purchasing Contact: | Telephone: Fax: | | |
|  | E-Mail: | | |
|  |  | | |
|  | | | |
| TRADE REFERENCES (Current and Past) | | | |
| Contact Name: | | Telephone: Fax: | |
| Company Name: | | E-Mail: | |
| City / State: | | Your Customer No.: | |
| Contact Name: | | Telephone: Fax: | |
| Company Name: | | E-Mail: | |
| City / State: | | Your Customer No.: | |
| Contact Name: | | Telephone: Fax: | |
| Company Name: | | E-Mail: | |
| City / State: | | Your Customer No.: | |
| Contact Name: | | Telephone: Fax: | |
| Company Name: | | E-Mail: | |
| City / State: | | Your Customer No.: | |

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| FINANCIAL STATEMENTS |
| For a requested credit limit in excess of $10,000, please attach a copy of your most recent fiscal year-end financial statements, including balance sheet, income statement, and cash flow report. This information is essential to the extension of credit. Be assured that any information which you provide will be used solely to evaluate your creditworthiness. |

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| In consideration of the extension of credit and establishment of a credit account, applicant acknowledges liability for payment of amounts due Canada Worldwide Services Inc or its subsidiaries, including eShipper USA. If CWS must take action to collect any balance owing, applicant agrees to pay all reasonable costs and expenses incurred in collection including, but not limited to, reasonable attorney's fees, court costs, and interest thereon at the then maximum legal rate. By signing this agreement, applicant acknowledges payment will be made according to quoted terms on invoice. All past due invoices are subject to interest charges of the lesser of 18% per annum or the maximum allowable legal rate. Signature also authorizes the release of credit information concerning our company that CWS may reasonably require. | | |
| Authorized Signature  **X** | Title | Date |

Bank Reference

|  |  |  |
| --- | --- | --- |
| TO BE COMPLETED BY CUSTOMER | | |
|  |  | |
| Name of Customer: | Name of Bank: | |
|  |  | |
| Address: | Address: | |
|  |  | |
|  |  | |
| Telephone: | Telephone: Fax: | |
|  |  | |
| Account No.: | Account Officer: | |
|  |  | |
| We hereby authorize our bank, named above, to release complete credit information to Canada Worldwide Services Inc via fax. This includes information on depository accounts and any borrowing relationship we may have. This authorization shall remain in effect until written notice is received from an authorized signer. | | |
| Authorized Signature(s): X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title: |

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| **Please Fax or Email Completed Form To:** |
| CWW%20logo  e-shipper_logo  Credit Department Email: adewjee@canadaworldwide.com Fax:888-374-4728 |