



**INTERNATIONAL FREIGHT  
SOLUTIONS**

3024 49 AVE SE  
Calgary, AB T2B 2X4

**CREDIT  
APPLICATION**

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**BUSINESS INFORMATION**

LEGAL BUSINESS NAME: \_\_\_\_\_  
TRADE NAME/OPERATING AS: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
SHIPPING ADDRESS: \_\_\_\_\_ INVOICING ADDRESS: \_\_\_\_\_  
Year Current Business Started: \_\_\_\_\_ Year Current Ownership Started: \_\_\_\_\_  
Number of Employees: \_\_\_\_\_ Est. Annual Sales for Current Year: \$ \_\_\_\_\_  
Type of Business: Proprietor / Partnership / Corporation / Limited / Other

**CONTACT INFORMATION**

A/P CONTACT NAME: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_  
TEL: \_\_\_\_\_ FAX: \_\_\_\_\_  
FINANCIAL MANAGER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_  
TEL: \_\_\_\_\_ FAX: \_\_\_\_\_  
HOW SHOULD WE SEND YOUR INVOICES: E-MAIL / EDI / FAX  
Principle(s) / Officer(s) NAME (First & Last): \_\_\_\_\_  
TITLE: \_\_\_\_\_ TEL: \_\_\_\_\_  
FAX: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**BANK INFORMATION**

BANK NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
PHONE #: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_ FAX #: \_\_\_\_\_  
TRANSIT #: \_\_\_\_\_

**CREDIT REFERENCES**

1) COMPANY NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
TELEPHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
  
2) COMPANY NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
TELEPHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
  
3) COMPANY NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
TELEPHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

STATEMENT OF AGREEMENT: I understand and agree to allow International Freight Solutions to use the above information and to contact the noted references as part of a credit inquiry regarding this company. I understand that should credit privileges be granted, all invoices are due thirty days from the date of the invoice.

NAME: (Please print) \_\_\_\_\_ TITLE: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Office Use Only - References Checked: \_\_\_\_\_ Credit Approved: \_\_\_\_\_ Limit: \_\_\_\_\_**