

CUSTOMER CREDIT APPLICATION

Business contact information			
Contact name:			
Phone:	Fax:	E-mail:	
Address:			
City:	Province:	Postal Code:	
Business and credit information			
Postal address:			
City:	Province:	Postal Code:	
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:	Province:	Postal Code:	
Transport Credit References Only			
Company name:		Company name:	
Contact name:		Contact name:	
Address:		Address:	
City:	Postal Code:	City:	Postal Code:
Phone:	Fax:	Phone:	Fax:
E-mail:		E-mail:	
Company name:		Company name:	
Contact name:		Contact name:	
Address:		Address:	
City:	Postal Code:	City:	Postal Code:
Phone:	Fax:	Phone:	Fax:
E-mail:		E-mail:	
Agreement			
<p>1. I certify that all information herein is true and complete. I authorize Jones Transportation Inc. to retain this application, to rely on the foregoing information provided, and to check my credit standing. Any claims arising from invoices must be made within seven working days of receipt of invoice.</p> <p>2. I hereby authorize and understand that should credit be granted, all invoices are due within 30 days from the invoice date, unless otherwise agreed to in writing.</p> <p>3. I hereby understand that should credit be granted, there is late interest charges of 2% (24% per annum) assessed on all accounts that are not paid within 30 days of invoice date.</p> <p>4. I hereby understand that Jones Transportation Inc. has an electronic accounting system. All invoices are emailed to your firm's Accounts Payable Department. If a paper copy to be mailed for any reason, there will be a \$25.00 administration fee that will be applied for each invoice mailed.</p>			
Signatures:			
<p>PRINT NAME: _____ TITLE: _____</p> <p>SIGNATURE: _____ WITNESS: _____</p>			
<p><i>Fax: 780.453.1146 Attention: Franz or Arth</i> EMAIL AR@JONESTRANSPORTATION.CA</p>			