

CUSTOMER CREDIT APPLICATION

Business contact information			
Accounts Payable Contact Name:			
Phone:	Fax:	Accounts Payable E-mail:	
Address:			
City:	Province:	Postal Code:	
Business and credit information			
Company Name:			
City:	Province:	Postal Code:	
Telephone:	Fax:	E-mail:	
Bank name:	Credit Amount Requested: \$		
Bank address:	Phone:		
City:	Province:	Postal Code:	
Transaction Currency: ☐ \$Canadian ☐ \$US		GST Exempt: ☐ Yes ☐ No	
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			
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. 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. 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. 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 is to be mailed for any reason, there will be a \$25.00 administration fee that will be applied for each invoice mailed.			
Signatures:			
PRINT NAME: _____		TITLE: _____	
SIGNATURE: _____		WITNESS: _____	
YOUR JONES REPRESENTATIVE IS _____ Fax: 780.453.1146 Attention: Accounts Receivable EMAIL ARAP@JONESTRANSPORTATION.CA			