



Transam Carriers Inc.

New Account Credit Application and Agreement

This form must be complete in full and signed by a principal owner, partner, or officer of the corporation or company. Your complete answers to all questions will enable us to expedite the processing of your application. Thank you for the time taken to complete this important information about you and your business.

Please indicate if: ()Corporation ()Individual ()Partnership ()Sole Proprietorship ()Other _____

Legal Company or Individual Name _____

Trade Name _____

Physical Address _____

Telephone # () _____ FAX # () _____

“Bill To” Address:

Street _____ City _____ St _____ Zip _____

Telephone # () _____ FAX # () _____

DUNS # _____ In business since _____

How long at this location by this ownership? _____. If less than one year, list pervious location or previous businesses owned/leased or employment history if business is less than one year old.

COMPLETE IF CORPORATION

Corporate Name _____

Street _____ City _____ St/Province _____ Zip/Postal _____

Telephone # () _____ FAX # () _____

State of Incorporation _____ Date of Incorporation _____ FEIN # _____

President _____ Social Security # _____

Street _____ City _____ St _____ Zip _____

Telephone # () _____ Email: _____

Vice President _____ Social Security # _____

Street _____ City _____ St _____ Zip _____

Telephone # () _____ Email: _____

Secretary/Treasurer _____ Social Security # _____

Street _____ City _____ St _____ Zip _____ Telephone # () _____

_____ Email: _____

COMPLETE IF NON-CORPORATION

#1 Principal (owner) _____ Social Security # _____

Street _____ City _____ St _____ Zip _____

Telephone # () _____ Email: _____

#2 Principal (owner) _____ Social Security # _____

Street _____ City _____ St _____ Zip _____

Telephone # () _____ Email: _____

#3 Principal (owner) _____ Social Security # _____

Street _____ City _____ St _____ Zip _____

Telephone # () _____ Email: _____

BANK REFERENCE AND FINANCIAL INFORMATION

Bank (1) _____ Branch Location _____

Address _____ City/State/Zip _____

Name of Banker _____ Telephone # _____ Acct # _____

Type of Accounts () Checking () Savings Current Loans? () Yes () No Previous Loans? () Yes () No

Persons authorized to sign checks: Name (1) _____ Title _____

Name (2) _____ Title _____

Have you or any of the other principals in your organization participated in either a corporate or personal bankruptcy in the past five (5) years?

() Yes () No If Yes, please explain _____

Will you furnish financial statements if requested? () Yes () No

Your Accounts Payable contact for the purpose of this account:

Name: _____ Title: _____

Telephone # () _____ Email: _____

Will you be issuing Purchase Orders to **Transam** to cover services rendered? _____

By applying for credit from **Transam**, I (We) hereby authorize **Transam** to request and obtain credit information from any trade, bank or financial references concerning the status of my business and credit.

TRADE REFERENCES (with at least one year payment experience)

Name (1) _____ Telephone # () _____

Name (2) _____ Telephone # () _____

Name (3) _____ Telephone # () _____

AGREEMENT: (Any changes made to this agreement without **Transam** written approval voids this application)

“Applicant” hereby applies to **Transam Carriers Inc.** (**Transam**) to open a commercial charge account in Applicant’s name and hereby requests **Transam** from time to time to extend credit to enable Applicant to purchase services from **Transam** for business purposes. As an inducement to **Transam** to extend credit and in consideration of **Transam** agreeing to extend credit to Applicant, Applicant states as follows:

Applicant represents and warrants that (a) all credit information given in connection with this Application and Agreement (“Agreement”) is true and correct as of the date hereof, and (b) that it is financially able to comply with all payment terms specified herein or in any invoice from **Transam** (“Payment Terms”), and such representation and warranty shall be deemed remade each time Applicant accepts credit from **Transam**.

Applicant understands that a minimum of \$500 in reservations must be booked each calendar month in order to maintain an open credit account with **Transam**.

Payments are to be sent directly to: **Transam Carriers Inc.**, Accounts Receivable, 196 Bradwick Drive, Concord, ON L4K 1K8 in accordance with Payment Terms that are granted to Applicant by **Transam** Credit Department.

Any amounts past unpaid more than 30 days after invoice date will be considered past due and will be subject to a FINANCE CHARGE at the maximum rate permitted by Ontario law until such amounts are paid in full.

Applicant agrees to pay bank service charges (not to exceed \$50.00) for any checks returned from the Applicant’s bank unpaid for any reason. **Transam** shall have the right to demand payment of the returned check(s) in cash or certified funds or money order immediately.

This agreement shall be a continuing agreement and shall apply to each purchase of services for which the Applicant does not pay in full at the time of service.

Transam may terminate this agreement or restrict or withhold the ability to book reservations to Applicant at any time without notice.

Applicant will pay all expenses including reasonable attorney’s fees, incurred by **Transam** in the enforcement of this agreement and the collection of any charges due hereunder.

Applicant agrees to notify **Transam** by certified mail of any change of ownership of the Applicant and further agrees to be liable for all purchases should Applicant fail to comply with said notification. In the event that this agreement is executed by more than one person, then, in such event the liabilities and obligations of the undersigned hereunder shall be joint and several and the relative words herein shall be read as if written in the plural.

This information is given in strict confidence for the sole purpose of establishing an open account with **Transam**.

I hereby authorize **Transam** to request and obtain credit information from any trade, bank or financial references concerning the status of my business and credit. The undersigned certifies that he/she has read and understands all the terms and conditions set forth herein and agrees to be bound by the same in the event that nay credit is extended pursuant to this agreement. I also hereby attest and affirm that I am duly authorized to enter into this agreement on behalf of Applicant herein named.

APPLICANT:

Transam:

Signature

Signature

Printed Name

Printed Name

Title

Title

Date

Date

*******TRANSAM*******

OFFICE USE ONLY

Date Received: _____ **By:** _____

Approved By: _____

Declined By: _____

Reason: _____

AUTHORIZED CREDIT LIMIT: \$ _____

Client Notified By: _____ **Date:** _____