

Credit Application

Business Information

Name of Person Completing Application _____ Position _____

Phone _____ Fax _____ E-mail _____

Legal Company Name _____

Operating Name (if different) _____

Address _____ City _____

Province/ State _____ Postal Code / Zip Code _____ Country _____

Phone _____ Fax _____

A/P Fax No. _____ A/P Email _____

A/P Contact Name _____

Check One – Corporation Partnership Proprietorship

HST/GST No. _____ POD Requested: Yes No

Principals _____ / _____

Years in Business _____ Nature of Business _____

Required Credit Limit _____

Banking Information

Bank Name _____

Bank Address _____

Banking Officer / Contact Name _____ Phone No. _____

Fax No. _____ Email _____

Bank ID (3digits) _____ Transit (5 digits) _____

Account Number _____



Keltic Transportation Inc. / Keltic Freight Services Inc.
o/a Keltic Transport / Logistics / Warehousing

90 MacNaughton Avenue
Moncton, New Brunswick
E1H 3L9

Telephone: (506) 854-1233
Fax: (506) 854-1214
Toll Free: (888) 854-1233

KELTIC

Trade References

Reference 1. _____ Contact _____

Phone No. _____ Fax No. _____

Reference 2. _____ Contact _____

Phone No. _____ Fax No. _____

Reference 3. _____ Contact _____

Phone No. _____ Fax No. _____

Credit History Release Agreement

Trade References and Banking Information - Please sign below authorizing release of credit information.

I authorize credit information be given to Keltic Transportation Inc., at any time.

Company: _____

Authorized Signature of Firm Member: _____

Print Name: _____

Title: _____

Date: _____

Terms of Payment – The applicant hereby understands all charges are due and payable within 30 days of invoice date and that overdue accounts will be subject to a minimum service charge of 2% per month.

