

Caldwell Transport Ltd.

54C Marr Road
Rothesay, NB
E2E 3K7

Mailing Address Phone: (506) 849-8787
P.O. Box 278 Fax: (506) 848-1248
Saint John, NB
E2L 3Y2

CREDIT APPLICATION

Customer Name _____

Mailing Address _____

City, Prov./State, Postal Code _____

Phone Number _____ Fax Number _____

Business Type _____ Yr. Established _____

Owners/Principal Officers:

President _____

Vice-President _____

Secretary _____

Amount of Credit Requested _____

Payment terms we can expect upon receipt of invoice _____

Bank Name _____ Account Number _____

Address _____

Phone Number _____ Fax Number _____

Trade References:

1) Name _____

Address _____

Phone Number _____ Fax Number _____

2) Name _____

Address _____

Phone Number _____ Fax Number _____

I/we hereby agree to pay interest charges of 2% per month on overdue balance. I/we make application for a charge account and certify that the statements given above are true. I/we authorize verification of the above facts and credit.

Signature of Applicant

Title

Date