



CLOCKWORK LOGISTICS INC.

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CUSTOMER APPLICATION FOR CREDIT ACCOUNT

LEGAL NAME OF APPLICANT: _____

MAILING ADDRESS: _____

TELEPHONE: _____ Email: _____

NATURE OF BUSINESS: _____

DATE COMMENCED: _____ HST/GST #: _____

TYPE OF BUSINESS: Corporation _____ Partnership _____ Sole Proprietorship _____ Limited Liability Company (LLC) _____

COMPANY OFFICERS / OWNERS:

1. Name : _____ Position: _____

2. Name: _____ Position: _____

ACCOUNTS PAYABLE CONTACT: _____ PAYABLES CYCLE: _____

ACCOUNTS PAYABLE EMAIL: _____

BANK INFORMATION:

Name: _____ Tel: _____

Address: _____ Contact: _____

Canadian Account # _____ U.S. Account # _____

CREDIT REFERENCES:

1. Name: _____ Contact: _____ Tel: _____

2. Name: _____ Contact: _____ Tel: _____

3. Name: _____ Contact: _____ Tel: _____

Credit Terms are Net 30 days.

Violation of the foregoing can be considered sufficient cause for cancellation of credit privileges.

Authorized Signature: _____ Date: _____

Print Name: _____ Title: _____