



CREDIT APPLICATION
FAX to: (780) 482-4091
Email: credit@mustangfreight.com

Name of Business: _____

Address: _____

City: _____ Postal : _____ Years in Business: _____

Phone : _____ Fax : _____ Email: _____

Delivery Address : _____ City : _____

_____ Postal : _____

Type of Business : _____

Principals: _____

Name	Title	Name	Title
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You will be automatically enrolled in PDF electronic invoicing – please provide the email address you wish the billing to go to:

**Trade
References**

1. Name: _____ Address: _____

Phone: _____

2. Name: _____ Address : _____

Phone: _____

3. Name: _____ Address : _____

Phone: _____

G.S.T. Registration # (If Applicable) _____

Bank : _____ Branch : _____ Phone : _____

Credit Limit Required : Monthly \$ _____



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CONDITIONS OF EXTENSION

Credit Terms are payment within 30 days. To ensure continuance of applicable discounts, accounts must be kept current.

I (we) hereby authorize Mustang Freightways, to whom this application is submitted, to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit amount as indicated herein.

Date : _____

Signed : _____

Title : _____

FOR OFFICE USE ONLY

Approved

Declined

Credit Limit \$ _____

DATE : _____ Terminal _____ Account # _____

Referred By: _____ Sales # _____