



18151 - 107 Avenue  
 Edmonton, AB T5S 1K4  
 P: 780-484-8800 F: 780-489-8017

**For Internal Use Only.**

New Account # \_\_\_\_\_

Enter Date: \_\_\_\_\_

Credit Limit: \_\_\_\_\_

**CREDIT APPLICATION**

**A - Applicant Information**

Business Name/Address: \_\_\_\_\_ Remit to information: \_\_\_\_\_ Check if same as "Business Name/Address": \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Fax #: \_\_\_\_\_ Website Address: \_\_\_\_\_  
 Primary Contact: \_\_\_\_\_ Position: \_\_\_\_\_  
 Type of Business: \_\_\_\_\_ Years in Business \_\_\_\_\_  
 Describe commodity to be Shipped: \_\_\_\_\_

**B - A/P - Payment Information**

Accounts Payable Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_ Can invoices be emailed:  Yes  No  
 Do you require back up with the invoice:  No  Proof of Delivery  Bill of Lading  Other \_\_\_\_\_  
 GST/QST/HST  Yes  No If Yes, Registered Tax #: \_\_\_\_\_ Purchase Order Required:  Yes  No  
 EDI Capable  Yes  No Credit Limit Requested: \$ \_\_\_\_\_ Estimated Annual Purchases \$ \_\_\_\_\_

**C - Other Information**

**Banking Information**  
 Name : \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax : \_\_\_\_\_

**Trade Reference**  
 Name : \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax : \_\_\_\_\_

**D - Terms and Credit/Approval**

**Terms and Credit:**  
 The undersigned a)certifies the above information to be true and correct and b) holds signing authority for the above applicant.  
 By signing below, the undersigned consents Matco Moving Solutions to supplement and verify the information contained herein, the customer also authorizes Matco Moving Solutions, its agents and representatives, to receive and exchange credit and financial information relating to the customer from and with any reporting agency, credit bureau or other corporation or person with whom the customer proposes to have financial dealing and consents to the disclosure at any time of information concerning the undersigned deemed necessary for collection of outstanding balances the on account. The undersigned acknowledges that terms of sale are **Net 30 and payments are due in full within 30 days of invoice date.** Accounts that exceed 45 days without payment will result in future shipments travelling on pre-paid for shipping charges until the account has been paid to 30 days. A credit limit increase may be requested if the account has been in good terms for 6 months. Accounts that exceed 60 days will be placed on hold, and all future shipments will travel on pre-paid at the current LTL rates, until the account is current. Any discrepancies in your billing must be brought to the attention of your account manager within 10 days of invoice date. Accounts can be paid automatically by credit card each month for the full balance at no additional charge. Upon payment requests from customers with a specific amount it will be subject to a finance surcharge of 2.5%.

**I have read and agree to the outlined Credit Terms above & General Freight Terms & Conditions provided.**

**Applicant**  
 Print Name: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Account Representative/Account Manager (Matco)**  
 Print Name: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Approved by: \_\_\_\_\_  
 Date: \_\_\_\_\_

**E-Mail completed form to [accountsreceivable@matco.ca](mailto:accountsreceivable@matco.ca) or fax to 1-780-489-8017**