



**GHOST TRANSPORTATION SERVICES**  
**715E 46<sup>TH</sup> STREET WEST**  
**SASKATOON, SK S7L 6A1 PH: 306-249-3515 FAX: 306-249-3335**

**APPLICATION FOR CREDIT**

Full Name of Firm: \_\_\_\_\_  
 Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Billing Address if Different than above: \_\_\_\_\_

A/P Contact: \_\_\_\_\_ Direct Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

A/P Email: \_\_\_\_\_ Company Website: \_\_\_\_\_

Is your business a: ( ) Proprietorship ( ) Corporation ( ) Partnership

How did you become aware of Ghost? \_\_\_\_\_

**Company Officers/Owners:**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Line of Business: ( ) Manufacturer ( ) Wholesaler ( ) Retailer Commenced: \_\_\_\_\_

Bank: Name \_\_\_\_\_ Address: \_\_\_\_\_

Acct# \_\_\_\_\_ Phone: \_\_\_\_\_

**Freight Carrier References:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Amount of Credit Requested: \_\_\_\_\_ (MUST be filled out for credit to be established)**

**List Documents required with invoice:** \_\_\_\_\_

*I/we understand that invoices are due and payable within seven (7) days of receipt and no statements shall be issued and that failure to comply with the above will be cause for cancellation of credit privileges without notice.*

*The customer/owner acknowledges that the carrier will obtain credit information about the customer/owner from the customer/owner's bank, the freight carrier references set out above, any credit bureaus or any other person the carrier deems necessary to do a proper credit investigation. The customer/owner by his or her signature hereunder authorizes the carrier to seek, obtain and use any and all such information and hereby authorizes the release of such information as requested by the carrier to complete its credit investigation. The customer/owner also authorizes the carrier to provide credit references regarding the customer/owner to others upon request.*

\_\_\_\_\_  
 Signing Officer Signature

\_\_\_\_\_  
 Title (please print)

\_\_\_\_\_  
 Name (please print)

\_\_\_\_\_  
 Date

**Please fax credit application to 306-249-3335**