



Credit Application

Please ensure that this document is signed and returned via fax.
Please note that payment terms are net 15 days from invoice date.
Credit Department
Fax: (905) 660-9821 Email: sales@baraklogistics.com

Company Information

Corporate Name _____ Publicly Listed
Corporate Address _____
City _____ State/Province _____ Zip/Postal Code _____
Billing Company Name _____ Same as above
Billing Address _____
City _____ State/Province _____ Zip/Postal Code _____
A/P Contact _____ Email Address _____
Phone # _____ Fax # _____
Credit Limit Requested _____

Bank Reference

Bank Name _____
Address _____
City _____ State/Province _____ Zip/Postal Code _____
Checking Account # _____ Loan Account # _____
Billing Address _____
Contact Name _____
Phone # _____ Fax # _____

Business References

Company Name _____
Address _____
City _____ State/Province _____ Zip/Postal Code _____
Contact Name _____ Years Associated _____
Phone # _____ Fax # _____
Company Name _____
Address _____
City _____ State/Province _____ Zip/Postal Code _____
Contact Name _____ Years Associated _____
Phone # _____ Fax # _____
Company Name _____
Address _____
City _____ State/Province _____ Zip/Postal Code _____
Contact Name _____ Years Associated _____
Phone # _____ Fax # _____

I certify that the information provided above is accurate. I authorize the banks and trades listed to disclose to Barak Logistics Corp. any and all information concerning the financial and credit history of our company. All information obtained will be used solely for credit evaluation purposes and will be guarded in strict confidence.

Authorized by _____ Signature _____
(please print)

Title _____ Date _____