



**ECONOFAST
SHIPPING
SYSTEMS INC.**

9742- 54 Avenue
Edmonton, AB T6E 0A9
Tel: (780) 461- 0578
Fax: (780) 461- 9848

Credit Application

Date: _____

Legal Business Name (Inc. Ltd. Corp.) _____

Address: _____

City: _____ Postal code: _____

Tel number: _____ Fax # _____

Monthly Amount Required \$ _____ Years In Business: _____

Billing Address If Different:

Address: _____

City: _____ Postal code: _____

Tel # _____ Fax # _____

Company

Title:

Tell #

Officer: _____ / _____ / _____

List (2) NON-TRUCKING related trade references:

1.) _____ / City _____ / Telephone # _____

2.) _____ / _____ / _____

Company Bank:

Telephone #

Address: _____ / _____

TERMS OF CREDIT: All invoices are payable upon receipt. Interest at 2% per month will be charged on all invoices that are more than 30 days old. Payments are to be made to the above address. In the event the account is delinquent, I/we further agree to pay all collection fees and disbursements incurred by ESS. I/we consent to ESS or any 3rd party companies to obtain credit information. ****PLEASE NOTE:** Econofast Shipping Systems Inc. arranges but is not actually performing transportation of Shipper's freight. Shipper agrees that the Carrier shall be liable for loss, damage, injury or delay on shipments. ESS will not be held financially responsible for any losses or damages of goods.

Prior to filing a claim all freight invoices must be paid in full.

Claims will be resolved as per the carrier's insurance terms and conditions. **

Name: _____ Title: _____

Customer's
Signature: _____

Date: _____

Logistics Consultant: Richard Highet Credit limit set at: \$ _____

Approved by: _____ Date: _____