EAGLE
TRANSPORTATION SYSTEMS

Credit Application

Company Name: _____ Date: _____

Billing Address: _____ Phone: _____
_____ Fax: _____
_____ Email: _____

Company Information

Proprietorship _____ Partnership _____ Corporation _____

If Subsidiary, Parent Company Name: _____

Owners Name: _____ Address: _____

Property: Owned _____ Rented _____ Leases _____

Business Type: Mfg/Supplier ____ Trucking Co. _____ Load Broker _____

Banking Information: Name _____
Address _____
Phone _____ Fax _____

Contact _____

If Load Broker is this account "in Trust" _____ YES _____ NO

REFERENCES Phone# Fax #

1._____

2._____

3._____

Eagle Transportation reserves the right to charge a 2% service charge on overdue accounts. All credit terms at **NET 30 DAYS**.
I/We hereby agree that Eagle Transportation or it agents may conduct or cause an investigation in regards to this credit application. I/We do understand that our account will be checked at Equifax Canada.

Name: _____ Position: _____

Signature: _____ Date _____

Please complete and return to: Attn: Jackie Rodgers jrodgers@eagletransportation.ca
or fax (506)432-4191