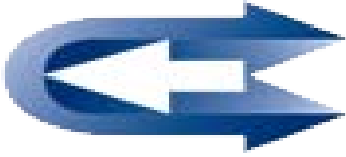


CREDIT APPLICATION AGREEMENT



CCT CANADA

Execute and Return to:
 CCT Canada
 6900 Tranmere Drive
 Mississauga ON L5T 1L9
 Phone 905-362-9198
 Fax 905-364-0150

COMPANY NAME & HEADQUARTERS ADDRESS

Attention: **Accounts Receivable**

LEGAL NAME OF COMPANY REQUESTING CREDIT	PHONE #
TRADE NAME (IF ANY)	FAX #
COMPLETE MAILING ADDRESS	

BILLING ADDRESS (IF DIFFERENT FROM ABOVE)

COMPLETE MAILING ADDRESS	PHONE #
	FAX #

INVOICING REQUIREMENTS

PLEASE NOTE ANY DOCUMENTATION REQUIRED TO PROCESS INVOICING	
*** ELECTRONIC INVOICING INFO (EDI) ***	
EDI CONTACT:	EMAIL/PHONE/FAX #:

PAYABLE INFORMATION

CONTACT NAME	CONTACT TITLE	PHONE #
EMAIL ADDRESS(ES)		FAX #

OTHER COMPANY INFORMATION

FORM OF BUSINESS <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER	DATE OF INCORPORATION	GST REGISTRATION #
NUMBER OF EMPLOYEES	CARRIER <input type="checkbox"/> YES <input type="checkbox"/> NO	GST ZERO RATED <input type="checkbox"/> YES <input type="checkbox"/> NO	

BANK REFERENCE AND/OR * DIRECT DEPOSIT INFORMATION *** Pls. email your remittanc advice to: csmiguel@cctlogistics.ca**

BANK NAME & COMPLETE ADDRESS	PHONE #
ACCOUNT NO. & TRANSIT NO.	BANK CONTACT
CONTACT TITLE	

TRADE REFERENCES (INCLUDE AT LEAST ONE TRANSPORTATION OR WAREHOUSING COMPANY)

TRADE REFERENCE NAME	ADDRESS	PHONE AND FAX

****IF GST EXEMPT** (please circle) Yes No If "YES" please provide GST Exemption form**

Please provide the name of your CCT Sales Representative: _____

Credit Limit requested and authorized by CCT Sales Representative: _____

I hereby authorize CCT to investigate the references listed pertaining to credit and financial responsibility of the company requesting credit and agree that payment of freight or miscellaneous charges will not be reduced or withheld because of claims against the carrier. Each is to be settled on its own merit and will not be offset against accounts payable. Invoice discrepancies will be settled according to the applicants' active Service Level Agreement.

SIGNATURE - AUTHORIZED SIGNING OFFICER

TITLE

DATE

SIGNATURE NAME (PLEASE PRINT OR TYPE)