



NEW ACCOUNT INFORMATION

PLEASE TYPE OR PRINT CLEARLY & COMPLETE IN FULL ALL INFORMATION IS CONFIDENTIAL

SECTION 1 - BASIC BILLING INFORMATION

LEGAL FIRM NAME IN FULL:			
USUAL TRADE NAME:			
ADDRESS:	CITY:	STATE:	ZIP:
TELEPHONE:	FAX:	EMAIL:	

SECTION 2 BUSINESS INFORMATION

TYPE OF ORGANIZATION: SOLE PROPRIETORSHIP PARTNERSHIP LIMITED COMPANY

AGE OF BUSINESS LESS THAT 1 YEAR 1-3 YEARS OVER 3 YEARS

NAME OF PROPRIETORSHIP / PARTNER / LIMITED COMPANY

NAME	ADDRESS	TELEPHONE
_____	_____	_____
_____	_____	_____

BANKING INFORMATION - NAME OF BANK: _____

BRANCH _____ **CONTACT** _____ **PHONE** _____

SECTION 3 - CREDIT INFORMATION

ACCOUNTS PAYABLE CONTACT _____ **PHONE** _____

PROJECTED MONTHLY VOLUME _____ **FAX** _____

PLEASE SUPPLY THE NAME, ADDRESS, TELEPHONE AND FAX NUMBER OF THREE SUPPLIERS WITH WHOM YOU ENJOY CREDIT PRIVILEGES WITH.

NAME	CITY	TELEPHONE	FAX
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I/We hereby apply to HTS Freight Logistics for a credit account and in doing so authorize the information pertaining to my/our credit and financial responsibilities from a Bank, Credit Bureau, or credit granter. Furthermore, I/We agree to maintain the account within the terms allowed by HTS Freight Logistics as detailed on their invoices.

AUTHORIZED SIGNATURE	TITLE	DATE
_____	_____	_____

PLEASE PRINT & SIGN. FAX TO HTS (905) 951-8523. E-MAIL: ADMIN@HTSFREIGHT.COM