



CREDIT APPLICATION

APPLICATION DATE

____ / ____ / ____
mm / dd / yy

REGISTERED BUSINESS NAME		INDICATE PARENT COMPANY (IF APPLICABLE)	
ADDRESS		CITY	PROVINCE
ZIP			
COMPANY WEB SITE			
NAME & E-MAIL ADDRESS OF CUSTOMER CONTACT		CONTACT INFORMATION	
		TEL.:	FAX:
		CEL:	
ORGANIZATION TYPE (IF APPLICABLE)		YEAR ESTABLISHED & WHICH PROVINCE /STATE	
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION			
BUSINESS TYPE (IF APPLICABLE)		CREDIT AMOUNT REQUIRED	
<input type="checkbox"/> MANUFACTURER OR PRODUCER <input type="checkbox"/> DISTRIBUTOR <input type="checkbox"/> MANUFACTURER'S AGENT <input type="checkbox"/> RETAILER <input type="checkbox"/> SERVICE ESTABLISHMENT <input type="checkbox"/> WHOLESALER		_____	
NAME & E-MAIL ADDRESS OF ACCOUNTS PAYABLE CONTACT			
NAME & E-MAIL ADDRESS OF PERSON AUTHORIZED TO APPROVE PAYMENTS			
COMPANY REGISTRATION No.		TAX/ IMPORTER REGISTRATION No.	
THIS AUTHORIZES APPLICANT'S BANK TO RELEASE CREDIT INFORMATION TO R.O.E. LOGISTICS, INC. OR/AND THEIR REPRESENTATIVES			
BANK REFERENCE:			
BANK NAME	ADDRESS, PROVINCE, ZIP	ACCOUNT MANAGER	PHONE No./ EMAIL ADDRESS
ACCOUNT No.		TRANSIT/SWIFT No.	
TRADING REFERENCES:			
COMPANY NAME	ADDRESS, PROVINCE, ZIP	CONTACT NAME	PHONE No./ EMAIL ADDRESS
1.			
2.			
3.			
_____		_____	
(SIGNATURE)		NAME & TITLE OF SIGNING OFFICER (PLEASE TYPE OR PRINT)	
USE BY R.OE. STAFF ONLY			
CUSTOMER No. with ROE	APPROVED AMOUNT	APPROVED BY _____	
SALES REP. NAME	TERMS	DATE _____	