



TRANSPORT
LOGISTICS
DISTRIBUTION

XTL Transport Inc
75 Rexdale Blvd.
Etobicoke, Ontario
M9W 1P1

Tel: (416) 742-2345 x 4453
1-800-665-9318 x 4453
Fax: (416)-744-5416

BUSINESS APPLICATION
(Please print or type)

Name of Company: _____
Address: _____
City: _____
State/Province: _____
Postal/Zip: _____
C-TPAT Approved: Yes _____ No _____

Tel: _____
Fax: _____
Owner: _____
Operating Since: _____
Type of Business: _____
If yes, SVI # _____

BILLING INFORMATION

Address: _____
City: _____
State/Province: _____

Contact Name: _____
Postal/Zip: _____

In order to help you process our invoices in accordance with this agreement all invoices will include the following information: ship date, trailer #, B/lading #, Shipper, & Consignee. If you require more information (i.e. shipment # or load #) please indicate here:

CREDIT REFERENCES (carrier references only)

Name	Address	Telephone
1.		
2.		
3.		

BANKING INFORMATION

Bank: _____
Address: _____
Branch: _____

Tel: _____
Contact: _____
Account No.: _____

To: XTL Transport Inc

I hereby apply for a 15 day account with XTL Transport Inc. I understand the terms of payment on this account are Net 15 days and I agree to pay the account on that basis. I further understand a 2% per month (24% per annum) service charge is levied on overdue accounts. I warrant and confirm that the information given herein is true and correct, and I understand that it is being used to determine my credit responsibility. You are authorized to obtain any information you may require relative to this application from any source to which you may apply and each source is hereby authorized to provide you with such information. You are furthermore authorized to disclose, in response to direct inquiries from any other lender or Credit Bureau, such information on my account as you consider appropriate, and I agree to indemnify against and save you harmless from any and all claims in damages or otherwise arising from such disclosure on your part. You are also authorized to retain this application. Please note that this credit information is only used for its intended purposes-credit check. If you require more details, please call us.

Date:

Company:

Signature of Signing Officer:

PLEASE FAX COMPLETED FORM WITH SIGNATURE TO 416-744-5416. THANK YOU.

July 3, 2012