



Charge Account Application

Legal Name of Company _____ Account Number _____

Operating Name of Company (if different) _____

Address _____

City _____ Province _____ Postal Code _____

Phone Number _____ Fax Number _____

Billing Address (if different from above)

Address _____

City _____ Province _____ Postal Code _____

Phone Number _____ Fax Number _____

Accounts Payable Contact Name _____

Accounts Payable Email Address _____

Operations Manager Contact Name _____

Operations Manager E-mail _____

(for important notifications, news and changes!!)

Bank Name _____ Phone Number _____

Credit References

1) Name & Address _____

Phone Number _____ Fax Number _____

2) Name & Address _____

Phone Number _____ Fax Number _____

By signing below, the applicant authorizes Expedite and/or its agents to conduct a credit history check. Invoices are due upon receipt. Outstanding balances over 30 days are subject to interest charges of 2% per month on any unpaid balance. All cost associated in collecting unpaid balances will be added to the outstanding balances.

Applicant Signature: _____ Position: _____ Date: _____

Please fax completed applications to 1.403.235.6060

Head Office

Bay 56, 4216 54ave SE Calgary, Alberta T2C 2E3

Mailing Address: PO 12039 Copperfield PO T2Z 1H4

Toll Free: 1.877.447.4828

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