MASTER CREDIT AGREEMENT

FAX: (877) 696 6915 EMAIL: arcredit@transx.com

CLIENT ID NUMBER:		DATE:	**August 4, 2011**

COMPANY INFORMATION:

BUSINESS NAME			D & B NUMBER
PHYSICAL ADDRESS			
MAILING ADDRESS			
CITY	PROV / STATE		POSTAL OR ZIP
PHONE:	FAX:		
NATURE OF BUSINESS			
NAME(S) OF OWNERS/DIRECTORS	1)		
	2)		
	3)		
ACCOUNT PAYABLE CONTACT:		PHONE:	EMAIL:
LENGTH OF TIME IN BUSINESS (YEARS)		REQUESTED CREDIT $	
GROSS ANNUAL REVENUE $			

BANK REFERENCE:

BANK	ACCOUNT NUMBER
CONTACT	ACCOUNT TYPE
ADDRESS	

TRADE REFERENCES: List three businesses that are currently supplying you with a credit of more than $1,000.00, one must be transportation.
(PLEASE COMPLETE EVERY FIELD)

NAME	CONTACT NAME
ADDRESS	EMAIL:
	FAX
NAME	CONTACT NAME
ADDRESS	EMAIL:
	FAX
NAME	CONTACT NAME
ADDRESS	EMAIL:
	FAX

I/We understand that the credit terms are net 21 days from date of invoice and are subject to 2% per month, 24% per annum on overdue accounts

COMPANY _____

AUTHORIZED SIGNATURE _____ SIGN HERE

NAME OF AUTHORIZED PERSON _____

TRANSX REPRESENTATIVE _____

Corporate Head Office 2595 Inkster Boulevard Winnipeg, Manitoba, CANADA, R3C 2E6 Phone 800 667 7392 Fax 204 633 2812

PLEASE CHECK WHICH DIVISION OF TRANSX, SIGN AND FAX / EMAIL TO FAX # OR EMAIL ADDRESS ABOVE

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