

*Please read carefully before completing and signing*

All business between the undersigned customer (the "Customer") and C&D Logistics Ltd. (the "Supplier") are governed by C&D Logistics Terms and Conditions (the "Conditions"). A copy of the Conditions can be found at [www.cdlogistics.ca/documents](http://www.cdlogistics.ca/documents) By signing this application, the Customer understands and expressly agrees to the Conditions.

The Customer hereby acknowledges that all invoices issued by the Supplier are due within 30 days following the invoice date, and agrees to pay interest of 2% per month (equivalent to 26.8% per annum) on all overdue amounts.

<u>Customer Business Name</u>				<b>Please Select One:</b> <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Company
<u>Related Companies (if any)</u>				
<u>Address</u>	<u>City</u>	<u>Province</u>	<u>Postal Code</u>	
<u>Telephone Number</u>		<u>At Present Location Since</u>	<u>In Business Since</u>	
<u>Accounts Payable Person</u>		<u>Phone Number</u>	<u>Email Address</u>	
<input type="checkbox"/> USD Account <input type="checkbox"/> Canadian Account <input type="checkbox"/> Both		<input type="checkbox"/> PO# Required <input type="checkbox"/> BOL Required <input type="checkbox"/> POD Required	<input type="checkbox"/> Approved by _____ <input type="checkbox"/> Sales Rep _____ <input type="checkbox"/> Date _____ <input type="checkbox"/> Credit Limit _____ Office use only:	
<u>Customer Bank Name</u>		<u>Telephone Number</u>	<u>Account Number</u>	
<u>Supplier Name</u>		<u>Telephone Number</u>	<u>Email</u>	
<u>Supplier Name</u>		<u>Telephone Number</u>	<u>Email</u>	
<u>Supplier Name</u>		<u>Telephone Number</u>	<u>Email</u>	

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The Customer hereby consents to the Supplier obtaining credit reports in respect to the Customer and to the Supplier obtaining from or supplying to any credit agency or third party supplier information regarding the state of the Customer's accounts. The undersigned confirms that the information provided on the application is accurate and complete and that the individual signing this application has the authority to sign on behalf of the Customer and to so legally bind the Customer.

Signature of Customer Representative: \_\_\_\_\_ Position: \_\_\_\_\_

Name of Representative (Printed): \_\_\_\_\_ Date Signed: \_\_\_\_\_