



AUGUSTUS TRANSPORTATION INC. Credit Application

Amount of Credit Requested _____

Legal Company Name _____ Phone _____ Business Type _____

Trade Name _____ Business Start Date _____

Street Address _____ City _____ Prov./State _____ PC/Zip _____

Mailing Address _____ City _____ Prov./State _____ PC/Zip _____

Business Property Rent Own After-Hours Contact Name _____ Email _____ Cell _____

No. of Employees	1-5	6-15	16-30	31-100	100-500	500- 1000	1000+
Annual Revenue [in \$millions]	0-1	1-5	5-10	10-25	25-100	100-200	200+
Annual Shipping Budget [in \$000's]	0-50	50-100	100-250	250-1000	1000-5000	5000-10000	10000+

A/P Contact Name _____ Email _____ Phone _____

Invoice Delivery Email _____ Documents required with invoice _____

Payment Method EFT ACH Cheque Online Portal No Yes Registration Contact _____

Customs Information

US Customs Broker _____ Email _____ Phone _____

CAD Customs Broker _____ Email _____ Phone _____

Bank & Trade References (minimum of 3)

Financial Institution Name _____ Account Manager _____ Email _____ Phone _____

Street Address _____ City _____ Prov./State _____

Transit No. _____ Branch No. _____ Account No _____ Routing No. (US Banks) _____

Company Name _____ Industry _____

Street Address _____ City _____ Prov./State _____

Contact Name _____ Email _____ Phone _____

Company Name _____ Industry _____

Street Address _____ City _____ Prov./State _____

Contact Name _____ Email _____ Phone _____

Company Name _____ Industry _____

Street Address _____ City _____ Prov./State _____

Contact Name _____ Email _____ Phone _____

Principals/Signing Officers

Name _____ Title _____ Email _____ Phone _____

Name _____ Title _____ Email _____ Phone _____

Name _____ Title _____ Email _____ Phone _____

Account Terms

For any third party billing, requested by us, we accept responsibility for payment in the event the third party fails to pay pursuant to the Bill of Lading Act. We acknowledge that the credit terms granted by Augustus are net 30 days from the delivery date of shipment and that interest will be charged on all past due balances at a rate of 2% per month (24% annually). **By checking this box I confirm that I have read and accept the preceding terms**

I hereby represent that I am authorized to submit the application on behalf of _____, and grant permission to Augustus to obtain and exchange credit and financial information for establishing credit and to monitor the account during our business relationship, be it directly by Augustus, or through one of our trusted credit partners.

Authorized Signing Officer (Must be a registered signature with your bank) _____ Print Name & Title _____ Date _____

ONCE COMPLETED IN FULL AND DULY SIGNED PLEASE RETURN TO accounting@augustustransportation.com

Customer ID _____	Company ID _____	FOR AUGUSTUS USE ONLY	Approved By _____
CL Approved _____	Sales ID _____	Contract _____	Acct. Review Date _____
Bank Score _____	Trade Score _____	Credit Score _____	Legals _____
Watch List _____	Dual Acc. Approval _____		