

NUMODE DELIVERY

ap@numode.ca

Sales: 778-980-4550

ACCOUNT APPLICATION

Company Name _____ AP Contact _____
Address _____
Billing Address _____
City _____ Prov: _____ PC _____
Phone _____ Email _____
Type of Business _____ Years Est. _____

Credit References

Bank Name _____ Phone No. _____
Branch Location _____ Email _____
Contact _____

Trade References

Name _____ Contact _____
Address _____
Phone _____ Email _____

Name _____ Contact _____
Address _____
Phone _____ Email _____

On average how much are your monthly courier bills? _____

I consent and give authority to Numode Transport Ltd. to make the usual credit inquiries in connection with the credit applied for. Numode Transport Ltd require all invoices to be paid in full within 15 days. Claims arising from invoices must be received within 7 days. All freight will be covered at \$2.00 per lb. unless a higher value has been declared on the face of the waybill by the consignor. Declared Value Insurance will be charged at \$2.00 per \$100 of declared value to a maximum of \$5,000.

Name: _____ Title: _____

Signature: _____