



Go Freight Pro Ltd.
P.O. Box 1395
Cochrane, AB Canada
T4C 1B4
Phone: 403-709-9942
Fax: 403-709-9943

**Please complete
and email to:**

**billing@
gofreightpro.com**

Credit Application Information

Full Name: _____

Trade Name: _____

Mailing Address: _____

Contact Name: _____

Phone Number: _____

Contact Email: _____

Name of Principal: _____

Date of Incorporation: _____

Business Number: _____

Credit Reference:

Bank: _____

Phone: _____

Fax: _____

Account Number: _____

Manager: _____

Amount of Credit Requested: _____

Transport Reference

_____ Phone: _____ Fax: _____

_____ Phone: _____ Fax: _____

_____ Phone: _____ Fax: _____

It is agreed and understood by the applicant that payment shall be made within 30 days of the invoice date for all assessed charges rendered by Go Freight Pro Ltd. The applicant agrees to pay interest at the rate of 2% per month on all balances which become overdue in accordance with these terms. The applicant authorizes the release of information from any source required to process this application. Failure to comply with the conditions of payment will be sufficient cause for Go Freight Pro Ltd to review or suspend credit privileges.

Signature: _____

Date: _____