

Registration Form

CUSTOMER INFORMATION

Company Name		
Address:		
City:	State:	Postal Code:
Phone:	FAX:	
Email		
Type of Business		
Years in Business:	Requested monthly credit	Contact Name:
Previous Delivery Company:		

BANK INFORMATION

Bank Name:		Branch:
Address:	Postal:	Contact Name:
Telephone#	FAX#	

TRADE REFERENCE

	Name	Address	Phone# or email
1			
2			
3			
4			

As an authorized officer of the company, mentioned above. I am hereby requesting your service, on an as per need basis, as of the date mentioned below. All invoices will be paid in **30 days**, Outstanding invoices will be charged **3%** interest per month.

Name:	Title:
Signature:	Date:

OFFICE USE

Fax: 1-866-598-9577	Charge Account Code
Phone: 305-671-3404	Effective Date
rkawli@netwidefreight.com	Authorized by:
	Agreement Courier:
	Agreement Truck Canada & USA: