



Coastal Pacific Xpress Inc.
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Surrey, BC V3S 5A5

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www.cpx.ca

Application for Credit

Legal Name: _____

Tel: (____) ____-_____

DBA: same as Legal Name

Fax: (____) ____-_____

Business Name: _____

Billing Address: _____
Street City Prov./State Zip/Postal

Physical Address: _____
Street City Prov./State Zip/Postal

Date Business Commenced: ____/____/____
MM / DD / YYYY

Corporation Partnership Proprietorship

If subsidiary, Parent Name: _____

Accounts Payable Contact: _____ Tel: (____) ____-_____ ext ____

Accounts Payable Email: _____

Principals

Name Home Address Phone # Position

Name Home Address Phone # Position

Trade References

Name – Other Carrier Contact Phone # Fax # Email

Name Phone # Fax # Email

Name Phone # Fax # Email

Billing Currency: CDN US

****TERMS NET 30 DAYS****

Invoicing Information

CPX will provide one invoice per shipment which will be emailed upon completion of the shipment. Please supply email address where you would like invoices sent, if different than AP email above.

Invoice Email: _____

Do you require a copy of the POD/BOL to accompany each invoice? YES NO

CPX exercises invoice payments through Electronic Funds Transfer (EFT) as our primary practice to reduce our environmental footprint as well as administrative costs for both parties. Will you be submitting payment through EFT?

YES NO

Communications

Should a concern arise about your shipment we want to ensure the right people at your organization are being contacted in a timely manner. Please complete the required contact areas so your account can be setup appropriately.

1. Primary Client Contact:

Indicate the primary operations contact for all shipments under this account.

Name Email address (primary form of contact) Phone TL LTL

2. Contact for Service Alerts:

Indicate the person to notify in situations of service alerts.

Name Email address (primary form of contact) Phone TL LTL

3. Contact for Driver Loading/Unloading concerns/charges:

Indicate the person to notify in situations of loading or unloading delays beyond the standard allowance. This person should have authority to approve such charges if required.

Name Email address (primary form of contact) Phone TL LTL

4. Contact for Re-delivery related concerns/charges:

Indicate the person to notify in situations of order redelivery. This person should have authority to approve such charges if required.

Name Email address (primary form of contact) Phone TL LTL

5. Contact for Trailer Demurrage concerns/charges:

Indicate the person to notify in situations of trailer demurrage. This person should have authority to approve such charges if required.

Name Email address (primary form of contact) Phone

6. Contact for Fuel Surcharge Updates:

Indicate the person to notify for Fuel Surcharge changes.

Name Email address (primary form of contact)

Optional Feature

Do you require email confirmation of secured delivery appointments? YES NO

This is an added value feature that can be setup if you require this information.

If Yes, please provide email contact information:

Name Email address

To the best of my knowledge, the information provided in this application is true and correct. It is understood that incomplete and incorrect information will result in a decline of acceptance for credit.

I hereby represent that I am authorized to submit this application on behalf of the company named above and I accept the terms set out in this application and understand that delays in payment may result in suspended credit privileges. I authorize Coastal Pacific Xpress Inc. or its agents to investigate the references listed above and our credit rating with a third party provider.

Name: _____ Email: _____

Title: _____ Date: / /
MM / DD / YYYY

To Submit Application – Scan completed pages and email to ar@cpx.ca