



Application for Credit

B & R Eckel's Transport Ltd.

P.O. Box 6249
Bonnyville, Alberta
T9N 2G8

Phone: (780) 826-3889
Fax: (780) 826-4301
Email: davidcredit@breckels.com

Legal Company/Trade Name: _____

Address: _____ Billing Address: _____
(if different)

Contacts: Purchasing: _____ Accounts Payable: _____

Bonding Company: _____ Bond Number: _____

Telephone: _____ Fax: _____ Email: _____

Type of Business: Partnership Proprietorship Corporation Limited

GST #: _____ Exemption #: _____ Credit Limit Required: _____

Specify any invoicing requirements: _____

Company Officers: _____
Full Name Title

Full Name Title

Financial Institution Information: _____
Bank Contact

Address Telephone & Fax

Trade References:

Name Address Contact Email

Name Address Contact Email

Name Address Contact Email

The undersigned hereby authorizes B & R Eckel's Transport Ltd. to obtain written or oral credit reports. The undersigned further authorizes any bank or commercial business with whom the applicant is doing or has done any type of business to give any and all necessary information to B & R Eckel's Transport Ltd. which will assist in the credit investigation. The undersigned further authorizes B & R Eckel's Transport Ltd. to re-investigate from time to time, as B & R deems necessary. B & R reserves the right to terminate future extension of credit with the applicant in the event the applicant deviate from B & R Eckel's Transport Ltd.'s terms.

Authorization Signature: Title: _____

Interest may be charged on unpaid accounts at 24% per annum, calculated monthly commencing 30 days from Invoice date.
THE TERMS FOR THE CREDIT ACCOUNT ARE NET 30 DAYS FROM DATE OF INVOICE

Please Email Credit Application to: David Sharun Email: davidcredit@breckels.com

For Office Use Only
Approved by _____ Date _____ Reference Check Completed _____ Revised: 5/18/04



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Full Company Name: _____
Address 1: _____
Address 2: _____
A/P Contact Name: _____
Phone Number: _____
Fax Number: _____
Invoice Email Address: _____
Statement Email Address: _____
Authorized Signature _____

How would you like to receive your invoices?

Email: Fax:

What type of packaging do you require?

Invoice:
Invoice & POD
Invoice, POD & BOL:

Would you like internet access to your account?

Yes: No:

What is your B&R Account Code (if applicable):

**We will provide you a temporary password.*

Dear Valued Customer:

In order to ensure that you receive your invoices in an efficient & timely manner, we are requesting that you take advantage of our electronic invoicing system. You can receive your invoices on a daily basis via e-mail, fax or online at your own leisure. Monthly statements will still be sent in order for you to reconcile your account.

Online access will also assist you even if you receive invoices by e-mail or fax . If you require additional backup or copies of any invoices all can be obtained via your online account.

We hope this enhanced service will better serve your needs. Think of the convenience you will have at your fingertips!

Please complete this form and forward to:
davidcredit@breckels.com /Fax: 1-780-826-4301

To view invoice, POD, or bill of lading, please visit: www.breckels.com & select "Tracing"

Statements will be sent bi-monthly.
If you have any questions, please contact David Sharun at (780)826-3889.