



FORT MCKAY LOGISTICS LP

APPLICATION FOR CREDIT

Application Date:

Business Information:

Legal Business Name:			
Type of Business:	Proprietorship <input type="checkbox"/>	Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>
Billing Address:			
# of Years in Business:		Nature of Business:	
Credit Amount Requested:		PO Required:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contact Name:			
Telephone #:		Fax #	
Email Address:			
Accounts Payable Contact:			
Telephone Number:			
Email Address:			

Bank Information:

Bank Name:			
Address:			
Contact Name:		Phone Number:	

Trade References:

Company Name	Contact	Telephone	Fax or Email
1.			
2.			
3.			



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Terms of Credit Account:

- All issued invoices have payment terms of net 30 days. Any outstanding invoices subsequent to this will incur a 2% per month interest charge to a maximum of 24% per annum until payment is received in full.
- I/We make application for charge account and certify that the statement given above for the purpose of opening this account is true.
- I/We hereby authorize Fort McKay Group of Companies to obtain credit reports or other information deemed necessary in the establishment and maintenance of credit account.

Please ensure all fields are complete in full. Incomplete applications will not be processed.

Name (please print): _____

Signature: _____

Title: _____ Date: _____

Please returned completed and signed credit application by email to accountsreceivable@fortmckaygroup.com or by fax to (780) 788-3151 Attention: Accounts Receivable