

## **CREDIT APPLICATION FORM**

□ Thompson Ahern & Co. Ltd.□ First Choice Logistics / TA Freight Services□ TAHOCO Logistics Inc.

| CLIENT INFORMATION   |   |                 |                    |                   |           |                    |        |  |  |
|--|---|-----------------|--------------------|-------------------|-----------|--------------------|--------|--|--|
| Legal Name:  |   |                 |                    |                   |           |                    |        |  |  |
| Trade Name:  |   |                 |                    |                   |           |                    |        |  |  |
| Physical Address:  |   |                 |                    | Mailing A         | Address:  |                    |        |  |  |
| City:  |   | Province/S      | State:             |                   |           | Postal/Zip Code:   |        |  |  |
| Telephone Number:  |   | Fax Numb        | er:                |                   |           |                    |        |  |  |
| A/P Contact Name:  |   | Tel # (if diffe | erent from above): |                   |           | Email:             |        |  |  |
| Customs Contact Name:  |   | Tel # (if diffe | erent from above): |                   |           | Email:             |        |  |  |
| DIRECTORS, OFFICERS & SHAREHOLDERS INFORMATION   |   |                 |                    |                   |           |                    |        |  |  |
| 1. Name:   |   | Title:          |                    |                   |           | Tel #:             |        |  |  |
| 2. Name:   |   | Title:          |                    |                   |           | Tel #:             |        |  |  |
| 3. Name:   |   | Title:          |                    |                   |           | Tel #:             |        |  |  |
| BUSINESS STATUS  |   |                 |                    |                   |           |                    |        |  |  |
| SBRN / Business # / IRS #:   |   |                 |                    |                   |           |                    |        |  |  |
| Parent Company:  |   |                 |                    | Relations         | ship:     |                    |        |  |  |
| Subsidiary (%):  |   | Division:       |                    |                   |           | Joint Ver          | nture: |  |  |
| Nature of Business:  |   |                 |                    |                   |           | Years in Business: |        |  |  |
| Line of Business:  | ☐ Wholesale ☐ Retailer ☐ Manufacturer ☐ Other |                 |                    |                   |           |                    |        |  |  |
| Type of Business:  | ☐ Sole Proprietor ☐ Corporatio                | n 🗆 Partne      | ership 🗆 Ot        | her               |           |                    |        |  |  |
| Total Employees:   |   | Annual Sa       | les:               |                   |           |                    |        |  |  |
| BANKING INFORMATION  |   |                 |                    |                   |           |                    |        |  |  |
| Bank Name:   |   |                 | Address:           |                   |           |                    |        |  |  |
| Transit #:   |   |                 | Account #:         |                   |           |                    |        |  |  |
| Contact Name:  |   | Tel #:          |                    |                   |           | Fax #:             |        |  |  |
| *May we contact the bank directly?   Yes   No If YES, please complete the authorization release below  |   |                 |                    |                   |           |                    |        |  |  |
| TRADE REFERENCES   |   |                 |                    |                   |           |                    |        |  |  |
| 1. Company Name:   |   | Contact Nam     | Contact Name:      |                   |           |                    |        |  |  |
| Tel #:   |   | Fax #:          | Fax #:             |                   |           |                    |        |  |  |
| 2. Company Name:   | Contact Name:                                 |                 |                    |                   |           |                    |        |  |  |
| Tel #:   | Fax #:  |                 |                    |                   |           |                    |        |  |  |
| 3. Company Name:   | Conta   |                 |                    | tact Name:        |           |                    |        |  |  |
| Tel #:   | Fax #:  |                 |                    |                   |           |                    |        |  |  |
| 4. Company Name:   |   | Contact Nam     | Contact Name:      |                   |           |                    |        |  |  |
| Tel #:   |   |                 | Fax #:             |                   |           |                    |        |  |  |
| CREDIT REQUIREMENTS  |   |                 | ·                  |                   |           |                    |        |  |  |
| Canadian Credit Information  | # of Shipments Per Month:                     |                 |                    | GST Lett          | er: 🗆 Yes | □No                |        |  |  |
| U.S. Credit Information  | # of Shipments Per Month:                     |                 |                    | Importer Bond: Ye |           | s 🗆 No             | ACH:   |  |  |
| Payment Terms:   |   |                 |                    | Limit Re          | equested: |                    |        |  |  |
| CUSTOMER'S AGREEMENT   |   |                 |                    |                   |           |                    |        |  |  |
| The undersigned hereby requests Thompson Ahern & Co. Ltd./Tahoco Logistics Inc. (TA/TL) to extend credit in the maximum amount referred to above. We hereby authorize TA/TL to obtain from any credit reporting agency or credit grantor, information as TA/TL may require at any time in connection with the credit hereby applied for and consents to the disclosure or exchange of any information concerning the undersigned. Unless otherwise indicated above, the undersigned hereby authorizes each of the above named bank and trade references to furnish TA/TL upon its request, credit and financial information with respect to the undersigned as TA/TL may require. Please note that all information will remain confidential. |   |                 |                    |                   |           |                    |        |  |  |
| Authorized Signature:  |   |                 |                    |                   | Date:     |                    |        |  |  |
| Name (please print):   |   |                 |                    |                   | Title:    |                    |        |  |  |
| Sales Representative Name:   |   |                 |                    | ,                 | •         |                    |        |  |  |
|  |   |                 |                    |                   |           |                    |        |  |  |