

**TO: CREDIT DEPARTMENT
ACCOUNTS PAYABLE**

Thank you for choosing **Vision Transportation Systems Inc.**, for your transportation requirements. The following is a credit application that we require for new customers, please fill this form out and fax it to the attention of **Shannon Taylor** at 905-858-7320.

Thank you for your co-operation.

COMPANY NAME:	
ADDRESS:	
CITY:	
PROVINCE/STATE:	
PHONE NUMBER:	
FAX NUMBER:	
ACCOUNTS PAYABLE CONTACT NAME:	
BUSINESS BANK:	
BANK ADDRESS:	
BANK ACCOUNT:	

**REFERENCES:
(FIRMS PRESENTLY EXTENDING CREDIT ARRANGEMENTS)**

COMPANY NAME	ADDRESS	PHONE NUMBER	CONTACT NAME

**TERMS: IT IS HEREBY AGREED THAT FREIGHT CHARGES WILL BE
PAID WITHIN 30 DAYS OF SHIP DATE.**

SIGNATURE

TITLE