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|--|--|---|---|
| <input type="checkbox"/> Edge Transportation Services Ltd. | <input type="checkbox"/> Hi-Tech Express Inc. | <input type="checkbox"/> Quill Transport Ltd. | <input type="checkbox"/> Triangle Freight Services Ltd. |
| <input type="checkbox"/> Harv Wilkening Transport Ltd. | <input type="checkbox"/> Kindersley Transport Ltd. | <input type="checkbox"/> STG Fleet Services | |

Application For Credit/Update

Purpose

To apply for credit with one or more Siemens Transportation Group Inc. (STG) company, or update credit account information.

Procedures

- To apply for new credit, customer is to complete and sign Part I.
 - If customer has a company credit reference sheet, attach it to this application and reference it. A signature on page 2 of this form is still required.
 - If more space is required, please add a sheet and reference it in this form.
- To update credit account information, please indicate "Account Update Only" and complete the fields that need updating.
- Completed and signed form to be submitted to credit@siemenstransport.com.
- Head office to complete Part II.

PART I – Customer Completes

Account Update Only

If Application for Credit/Update is for **Kindersley Transport Ltd.**, please select from the following services:

- Courier
 Less-Than-Truckload
 Truckload

Company Information

Company Legal Name _____

Trade Name (if different) _____

Date of Incorporation/Start of Business _____

Address _____

City _____ Prov/State _____ Postal/Zip Code _____

Phone _____ Fax _____ Email _____

of Branches _____ Related Companies _____

Please list all branch/subsidiary office names and addresses on a separate sheet. Indicate if branches are to be invoiced directly or to the address noted above.

Name of Company Bank _____ Bank Phone # _____

Bank Account Manager _____

Cross Border Participation C-TPAT Certified PIP Certified CSA Certified Fast Certified

Other _____

Contact Information

President _____	Email _____	Phone _____
Controller _____	Email _____	Phone _____
A/P Contact _____	Email _____	Phone _____
Alternate A/P Contact _____	Email _____	Phone _____
Shipper/Receiver Contact _____	Email _____	Phone _____

Credit Account Information

Siemens Transportation Group Inc. Sales Representative _____

Credit Limit Required (one month's charges) _____ Estimated Annual Volume _____

GST/HST Exempt? No Yes, GST/HST # _____

* If GST/HST exempt, please provide explanation _____



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Credit References

Name	Phone	Fax	Email
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Existing accounts with STG Companies
Company

Account Number

_____	_____
_____	_____

Invoice Information

Please provide an email address to send invoices to: _____

Our website Customer Login provides access to documents and information that you are able to download or track. You will automatically be provided with access to the Customer Login on our Company website.

If you would like to opt out of this, please sign here: _____

Payment Information

Siemens Transportation Group Inc. can accept payment from your company by: Electronic Fund Transfer (EFT), Credit Card or Cheque. In order to set this up, please complete the following information.

- EFT Contact (for forwarding banking information) _____
- Credit Card Contact (for forwarding a pre-authorization form) _____
- Cheque Cheques made payable to Company identified on the invoice, and mailed to PO Box 7290, Saskatoon, SK S7K 4J2

Terms of Credit: All accounts are Net 30 days. Interest at 2% per month will be charged on all invoices older than 30 days. I hereby agree to pay any interest charges appearing on my statement. I also agree to allow Siemens Transportation Group Inc. and its related companies to check our credit rating with any source they may choose.

_____	_____	_____
Customer Signature	Name and Title	Date

An email notification will be sent with details regarding your credit application status once processed.

PART II – Head Office Use Only

DNB # _____	Paydex _____	Credit Score _____	Financial Stress _____	Bankruptcy _____
Credit Amount Approved _____	Firm Account # _____		_____	

_____	_____
Approved By	Date

Credit Decline:

_____	_____
Declined By	Date

Reason for Decline _____