

Name of Business:		
Address:		
City:	Province:	Postal Code:
Account Number:		
Telephone:	Fax:	
E-mail Address:		
PST Exempt #:	GST #:	Credit Requested:

Invoices are E-Mailed to customers on a weekly basis (in PDF Format). Invoices can be sent to 2 individual email addresses.

Provide invoicing contact information below:

Contact Name 1:	Position:
E-mail Address 1:	
Contact Name 2:	Position:
E-mail Address 2:	

Please indicate if 3rd Party Billing is required? Yes No If required, provide special processing requirements: _____

Please Note: Any 3rd Party Billing Requirements outside the RS normal accounting practices will result in additional administrative charges per order.

COMPENSATION AND PAYMENT TERMS:

- Customer agrees to compensate RS Express Ltd (Carrier) in accordance with RS Rate Schedule (available upon request). Fees for services rendered will be billed weekly with payment due and payable upon receipt of Invoice.
- Overdue accounts are subject to a service charge of 2% per month (24% per annum).**
- Accounts in arrears over 60 days** will be automatically placed **ON HOLD** until overdue balance is **paid in full**.
- The parties acknowledge that the Fuel Surcharge rates are based on a fuel price of \$0.55 per litre (the "Base Price"), and that cost of fuel maybe subject to significant levels of fluctuation during the term of this Agreement. The parties further acknowledge that the rates will be adjusted **monthly** to reflect the changes based on the average for the prior month as supplied by The Kent Group (formerly MJ Ervin & Associates).

Payment Method: Payment by EFT Payment by Cheque

Please confirm you have read and agreed to the above Payment Term: _____ (Initial Here)

By checking here, I agree that I the undersigned, have read, understand and agree to the Terms and Conditions as posted on the R.S. Express Ltd. website at www.rsxpress.ca, which form part of herein Agreement. I also hereby certify that the information provided above is true, accurate and complete.

_____ RS Express Ltd. (Carrier Signature)	_____ (Customer Signature)
Print Name: _____	Print Name: _____
Title: _____	Title: _____
Date: _____	Date: _____

