

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

Transportation Invoices are e-mailed to customers on a weekly basis (if applicable).
Warehousing Invoices are e-mailed to customers on a monthly basis (if applicable).
Payment for both are due within 30 days upon receipt.

Please provide contact information below for invoicing and reporting purposes:

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:

1. Customer agrees to compensate RS Express Ltd (Carrier) and/or RS Distribution Services Ltd. in accordance with the rates specified in the agreement for services.
2. **Overdue accounts are subject to a service charge of 2% per month (24% per annum).**
3. **Accounts in arrears over 60 days** will be automatically placed **ON HOLD** until overdue balance is **paid in full**.
4. If applicable, 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 **weekly** to reflect the changes based on the average for the prior week as supplied by Kalibrate Canada Inc.

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 Transportation and/or Warehousing Terms and Conditions as posted on the R.S. Express Ltd. website at www.thersgroup.ca, which form part of herein Agreement. I also hereby certify that the information provided above is true, accurate and complete.**

(Customer Signature)

Print Name: _____
 Title: _____
 Date: _____



Credit Application

RS Distribution Ltd. ☐

RS Express Ltd. ☐

Date: _____

Legal Name of Company:		
Address:		
Phone :	Nature of Business:	
Type of Business:	Proprietorship <input type="checkbox"/>	Partnership <input type="checkbox"/> Corporation <input type="checkbox"/>
Name(s) of Owner(s):	Title:	Email:
Name of Officer(s):	Title:	Email:
Accounts Payable Contact Name:		Email:
Date Established:		GST#:
Credit Limit Requested:		PST#:

BANK INFORMATION

Bank and Branch:		
Bank Address:		
Bank Contact:	Phone:	Email:
Type of Accounts:		Account No.

REFERENCES (References and Emails Required)

Company Name:		
Address:		
Contact Person:	Phone:	
Email:	High Credit:	
Company Name:		
Address:		
Contact Person:	Phone:	
Email:	High Credit:	
Company Name:		
Address:		
Contact Person:	Phone:	
Email:	High Credit:	

I/we hereby authorize the RS Group to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a Credit Account or for any other direct business requirements. I/we hereby authorize those credit agencies to provide such information as the RS Group may request. I/we understand account invoices are due upon receipt and undertake to pay such invoices accordingly. I also understand that failure to do so will result in the withdrawal of our credit privileges. I/we agree to pay a service charge of **24% interest per annum** (2% per month) calculated monthly on all overdue accounts. By signing you also agree to receive our company newsletters issued from time to time sent out via email. You can unsubscribe at any time.

Name & Signature of Applicant: _____ Date: _____

Name & Signature of Witness: _____ Date: _____

COMPANY USE ONLY - APPROVED YES ☐ NO ☐

CREDIT LIMIT: _____ Approved By: _____

