

Request for Customer Account

221 - 20353 64TH AVE LANGLEY, BC V2Y 1N5 - 855-539-2239 Return via Fax - 604-539-2218 or email - jacilyn@gnsfreight.com

Business Informati	on					
Legal Name:		Address:	Address:			
Trade Name:		City:	Prov/St:	PC/Zip:		
General email:		Ph:	Fax:	Fax:		
Nature of Business:						
Corporate Represe	ntatives	-				
Name	Title	Phone	Email	Email		
Name	President / CEO	Filone	Liliali			
	CFO / Controller					
	Accounts Payable					
Shipping Informati	on	•	1	1		
Shipping address:		City:	Prov/St:	PC/Zip:		
Shipping contact:			Fax:			
Hours of operation:						
Bank Reference						
Name of bank:		Ph:	Fax:	Fax:		
Location:		Contact:				
Trade References						
Company Name	Contact Name	Phone	Fax			
Company Name	Contact Name	Filone	гах			
Customs Brokers (i	f shipping cross bo	rder freight)				
Location	Company Name	Email	Phone	Fax		
Canadian - northbound						
American - southbound						
By the signature of its a	authorized representatives	below, the Applicant co	nfirms that this Application	on for Credit/Terms of		
	Supply is	s the agreement it has r	made.			
Name of Signing Authority:		Titl	e:			
Signature:		Dat				
(Please p	print and complete in full.	Incomplete application	s may be returned unpro	cessed)		
TERMS OF CREDIT ARE I	NET 30 DAYS FROM ORIGINAL	INVOICE DATE. THE AP	PLICANT BY SIGNING THIS I	FORM AGREES TO AND		

DISCRETION. FOR OFFICE USE ONLY - DO NOT COMPLETE

UNDERSTANDS GNS SOLUTIONS TERMS & CONDITIONS. ALL FREIGHT CHARGES MUST BE PAID BEFORE ANY CLAIM WILL BE PROCESSED. GNS SOLUTIONS INC (DBA GNS FREIGHT SOLUTIONS) RESERVES THE RIGHT TO SUSPEND OR CANCEL CREDIT PRIVILEDGES AT ITS SOLE

Received by	Validated	Credit amount	Rep	