



CREDIT APPLICATION

Return completed form to:
Accounts.Receivable@oceanex.com
and Cc your Account Manager.

Please note that your account remains on a cash only basis until confirmation of credit. If accepted, you will receive an email within 5 business days following receipt of your application.

Applicant

COMPLETE LEGAL NAME				TELEPHONE
ADDRESS			EMAIL	
CITY	PROVINCE / STATE	COUNTRY	POSTAL CODE	
TYPE OF BUSINESS AND ESTABLISHED SINCE	NUMBER OF MONTHLY MOVES EXPECTED	MONTHLY FORECASTED PURCHASES (\$)	ANTICIPATED ANNUAL PURCHASES (\$)	REQUESTED CREDIT LIMIT (\$)

Head Office

HEAD OFFICE ADDRESS (SAME AS APPLICANT)				TELEPHONE
CITY	PROVINCE / STATE	COUNTRY	POSTAL CODE	

Send Invoices To If more than one account is required due to branch offices or special projects, supply a list of mailing addresses for each account.

NAME (ACCOUNTS PAYABLE SUPERVISOR)		ACCOUNTS PAYABLE EMAIL		
INVOICING ADDRESS (SAME AS APPLICANT)				
CITY	PROVINCE / STATE	COUNTRY	POSTAL CODE	TELEPHONE

Additional Information

HAVE YOU EVER HAD CREDIT WITH OCEANEX INC. BEFORE? IF YES, PLEASE INDICATE WHEN AND IN WHAT AMOUNT.

INDICATE OTHER DOCUMENT(S) NEEDED WITH THE INVOICE FOR PAYMENT, IF ANY.

Please note that invoices will be sent by email only. If you a paper copy is required, a \$10 fee per copy will be charged in accordance to our General Tariff available at www.oceanex.com.

Banking Information

NAME OF MAIN FINANCIAL INSTITUTION		TRANSIT NUMBER AND ACCOUNT NUMBER	
ADDRESS		TELEPHONE	
CITY	PROVINCE / STATE	COUNTRY	POSTAL CODE

References Three (3) major suppliers

COMPANY NAME, ADDRESS AND PERSON TO CONTACT	EMAIL ADDRESS	TELEPHONE
COMPANY NAME, ADDRESS AND PERSON TO CONTACT	EMAIL ADDRESS	TELEPHONE
COMPANY NAME, ADDRESS AND PERSON TO CONTACT	EMAIL ADDRESS	TELEPHONE

Certification

<p>The undersigned hereby certifies and agrees on behalf of the Applicant and on his/her own behalf that:</p> <p>a) All the information stated above is accurate.</p> <p>b) The undersigned has authority to bind the Applicant.</p> <p>c) The Applicant acknowledges and agrees that all carriage of Goods in furtherance of this Credit Application, if accepted, will be subject to the terms and conditions of Oceanex Inc.'s applicable Rate Quotation, Combined Transportation Way Bill and General Tariff forms, a copy of which the Applicant acknowledges having received, consulted or having been given a fair opportunity to consult either on Oceanex's website or upon request.</p> <p>d) The Applicant is neither insolvent, bankrupt, not under any kind of receivership nor has it filed or is about to file any notice of intention to make a proposal to its creditors. Should the Applicant become insolvent or fail to pay any invoice when due, any such default shall be sufficient cause for immediate cancellation of the credit privilege and for demand for payment of all amounts then due or payable by the Applicant.</p> <p>e) All amounts are due and payable according to the terms on each invoice. Interest at the rate of 2% per month, compounded monthly, will be payable by the Applicant on all overdue accounts from the date of each invoice.</p> <p>f) Oceanex Inc. is authorized to contact the above trade references for purposes of verifying credit and may make other investigations to determine credit limit for the applicant.</p>	AUTHORIZED SIGNING OFFICER'S NAME AND TITLE
	SIGNATURE AND DATE
	<p>SHIPPER'S DECLARATION (IF APPLICABLE)</p> <p>Declaration by the Shipper under Schedule VI, Part VII, Paragraph 7(a), Excise Tax Act:</p> <p>The property is being shipped for export and the freight transportation service to be supplied by the carrier is part of a continuous outbound freight movement* in respect of the property.</p> <p><i>*Within the meaning of Subsection 1(1) of Part VII of Schedule VI to the Excise Tax Act.</i></p>
	AUTHORIZED SHIPPER/AUTHORIZED REPRESENTATIVE'S NAME AND TITLE
	SIGNATURE OF SHIPPER/AUTHORIZED REPRESENTATIVE AND DATE