

Greetings,

Thank you for choosing Cargolution for your logistics needs. Please read and complete the following information and return the document duly signed. Our Policy requires that the first shipment be paid for before the goods are sent. Your credit limit will be confirmed once your account is opened. Please note that **our terms are Net 30**. A 2% interest rate may be charged for late payments.

Note that all claims or disputed items will be treated under separate cover.

If you wish to open an account on a COD basis, please check the box below and return the first page only of this form.

Yes:

▶ CREDIT INFORMATION

We authorize Cargolution to conduct an investigation of our credit line and obtain other necessary information in order to open our credit account. We certify that the information is true and correct to the best of our knowledge and belief.

Signature: _____ Date: _____

▶ YOUR BILLING AND COMMUNICATION PREFERENCES

To improve our services, we would like to know your requirements for billing and communication. Please clarify the following points.

1. Do you prefer your billing in:

French:

English:

2. In order to send our invoices, please provide us with the email address of your accounts payable department.

Finally, in order to comply with Anti-Spam legislation C-28, we would like to ask whether you authorize us to send you occasional emails containing general information regarding the logistics industry, custom clearance or Cargolution news.

Yes:

No:

Signature: _____ Date: _____

All business is conducted under the standard trading conditions of the Canadian International Freight Forwarders Association Inc. "CIIFFA". For additional information, visit this link: [Download the PDF](#)

▶ **GENERAL INFORMATION**

Company name: _____
Address: _____
City: _____ Zip Code: _____
Telephone: _____ Fax: _____
Credit limit requested: _____
GST number: _____

▶ **BANKING INFORMATION**

Account number: _____ Financial institution: _____
Telephone: _____ Account director: _____

▶ **SUPPLIERS' REFERENCES**

Company name: _____
Name of contact: _____
Phone #: _____ E-mail address: _____

Company name: _____
Name of contact: _____
Phone #: _____ E-mail address: _____

Company name: _____
Name of contact: _____
Phone #: _____ E-mail address: _____

▶ **FILLED IN BY**

Name: _____
Title: _____
Signature: _____ Date: _____

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▶ **GENERAL INFORMATION**

Company name: _____

Name of the signing officer: _____

Title: _____ E-mail address: _____

Please complete and return this form to Cargolution in order for us to better understand your cargo insurance needs for shipments that you send with us.

▶ **PART 1: INSURANCE ACCEPTED**

We accept the insurance provided by Cargolution Inc. under the Marine Cargo Open Policy under "Institute Cargo Clauses (A) All Risks" or "Institute Cargo Clauses (C) Named Perils" as the case may be. Insurable value up to \$ 1 000 000,00. Higher value can be considered but only under certain conditions and will be treated on case by case basis.

We accept the insurance coverage:

- a) for every shipment sent with Cargolution Inc.
(Insurance fees will be invoiced for each shipment)
- b) on written demand only, case by case.
(Insurance fees will be invoiced for each shipment)

****Please note that packaging material (crates and road cases) is not considered as insurable goods.****

▶ **PART 2: INSURANCE DECLINED**

- We decline** the insurance offered by Cargolution Inc. and accept full responsibility.

N.B.: If we do not receive your written instructions regarding the insurance of your shipment, Cargolution Inc. will assume that you are taking care of insuring your merchandise yourself.

Signature: _____ Date: _____