

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Edge Transportation Services Ltd. | <input type="checkbox"/> Hi-Tech Express Inc.      | <input type="checkbox"/> Quill Transport Ltd. | <input type="checkbox"/> Triangle Freight Services Ltd. |
| <input type="checkbox"/> Harv Wilkening Transport Ltd.     | <input type="checkbox"/> Kindersley Transport Ltd. | <input type="checkbox"/> STG Fleet Services   |   |

# Application For Credit/Update

## Purpose

To apply for credit with one or more Siemens Transportation Group Inc. (STG) company, or update credit account information.

## Procedures

- To apply for new credit, customer is to complete and sign Part I.
  - If customer has a company credit reference sheet, attach it to this application and reference it. A signature on page 2 of this form is still required. If more space is required, please add a sheet and reference it in this form.
- To update credit account information, please indicate "Account Update Only" and complete the fields that need updating.
- Completed and signed form to be submitted to [credit@siemenstransport.com](mailto:credit@siemenstransport.com).
- Head Office to complete Part II.

## PART I – Customer Completes

Account Update Only

If Application for Credit/Update is for **Kindersley Transport Ltd.**, please select from the following services:

- Courier
  Less-Than-Truckload
  Truckload

### Company Information

Company Legal Name \_\_\_\_\_

Trade Name (if different) \_\_\_\_\_

Date of Incorporation/Start of Business \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov/State \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

# of Branches \_\_\_\_\_ Related Companies \_\_\_\_\_

\* Please list all branch/subsidiary office names and addresses on a separate sheet. Indicate if branches are to be invoiced directly or to the address noted above.

Name of Company Bank \_\_\_\_\_ Bank Phone # \_\_\_\_\_

Bank Account Manager \_\_\_\_\_

### Contact Information

President \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Controller \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Transportation Manager \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

A/P Contact \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Alternate A/P Contact \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Shipper/Receiver Contact \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

### Credit Account Information

Siemens Transportation Group Inc. Sales Representative \_\_\_\_\_

Credit Limit Required (one month's charges) \_\_\_\_\_ Estimated Annual Volume \_\_\_\_\_

GST/HST Exempt?  No  Yes

\* If GST/HST exempt, please provide explanation \_\_\_\_\_

GST/HST # \_\_\_\_\_



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**KINDERSLEY**  
Transport Ltd.

**HI-TECH**  
Express Inc.

**EDGE**  
Transportation Services Ltd.

**HWT**  
Limited

**QUILL**  
Transport Ltd.

**TRIANGLE**  
Freight Services Ltd.

**STG**  
Fleet Services

Trade References

Name	Phone	Fax	Email
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Existing accounts with STG Companies  
Company

Account Number

_____	_____
_____	_____

**Invoice Information**

Please provide an email address to send invoices to: \_\_\_\_\_

Our website Customer Login provides access to documents and information that you are able to download or track. You will automatically be provided with access to the Customer Login on our Company website.

If you would like to opt out of this, please sign here: \_\_\_\_\_

**Payment Information**

Siemens Transportation Group Inc. can accept payment from your company by: Electronic Fund Transfer (EFT), Credit Card or Cheque. In order to set this up, please complete the following information.

- EFT Contact (for forwarding banking information) \_\_\_\_\_
- Credit Card Contact (for forwarding a pre-authorization form) \_\_\_\_\_
- Cheque Cheques made payable to Company identified on the invoice, and mailed to PO Box 7290, Saskatoon, SK S7K 4J2

**Terms of Credit: All accounts are Net 30 days. Interest at 2% per month will be charged on all invoices older than 30 days.**

I hereby agree to pay any interest charges appearing on my statement. I also agree to allow Siemens Transportation Group Inc. and its related companies to check our credit rating with any source they may choose.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

**Cross Border Participation**

Triangle Freight Services Ltd. is proud to be a certified partner in the Customs – Trade Partnership Against Terrorism (C-TPAT) program. As there are no longer SVI numbers being issued, please locate the Company by entering the name 'Triangle Freight Services Ltd.' and select search.

In the U.S., C-TPAT is a voluntary joint government business initiative to build cooperative relationships that strengthen the overall supply chain and border security. As a member in this program and others such as FAST, CSA and PIP, we understand that these programs can only work to their fullest when all our business partners are C-TPAT compliant. Visit [www.cbp.gov](http://www.cbp.gov) for further information.



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**STG**  
Fleet Services

As a C-TPAT participant, Triangle Freight Services Ltd. must access, improve and communicate more comprehensive procedures for cargo security to our business partners when needed, and by completing the following questionnaire your company is helping initiate the assessment process.

If your company has already received C-TPAT certification and/or certification in another mutually recognized supply chain security program administered by a government Customs agency (e.g.: PIP), please verify those program(s) below and return this form via the options mentioned below.

Company Name: \_\_\_\_\_

<b>Programs</b>	C-TPAT	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Application In Progress	<input type="checkbox"/> No Plans To Apply
	FAST	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Application In Progress	<input type="checkbox"/> No Plans To Apply
	PIP	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Application In Progress	<input type="checkbox"/> No Plans To Apply
	CSA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Application In Progress	<input type="checkbox"/> No Plans To Apply

If you are not already certified, please review the below Security Recommendations and return a signed copy of our Security Memorandum of Understanding via email: [credit@siemenstransport.com](mailto:credit@siemenstransport.com)

### Security Memorandum of Understanding

\_\_\_\_\_ (here after referred to as "the Company")

Company Name

recognizes that it is of utmost importance to safeguard cargo and all cargo-related documentation and information from theft, smuggling and terrorism. Accordingly, shall take all necessary reasonable precautions to ensure the safety of cargo, all cargo-related documentation and information handled for Triangle Freight Services Ltd. Such precautions shall include but not necessarily be limited to, full compliance with the U.S. Customs and Border Protection's Customs-Trade Partnership Against Terrorism ("C-TPAT") security recommendations and any other applicable government agency's security requirements.

Triangle Freight Services Ltd. strongly encourages the Company to join the C-TPAT Program. In addition to C-TPAT security recommendation the Company shall also comply with Triangle Freight Services Ltd.'s security recommendations to the extent applicable and allowed by the law. When Triangle Freight Services Ltd.'s recommendations cannot be or are not followed, The Company shall take reasonable measures that provide equal or greater security and, in any event, will at least take measures to ensure compliance with C-TPAT security recommendations.

Please have an authorized representative sign below to acknowledge that the Company is in agreement with the Security Memorandum of Understanding.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

An email notification will be sent with details regarding your credit application status once processed.



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**PART II – Head Office Use Only**

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CreditSafe # \_\_\_\_\_ Risk Score \_\_\_\_\_ Int. Score \_\_\_\_\_ Payment Index \_\_\_\_\_ Bankruptcy \_\_\_\_\_

Credit Amount Approved \_\_\_\_\_ Firm Account # \_\_\_\_\_

Approved By \_\_\_\_\_ Date \_\_\_\_\_

Credit Decline:

Declined By \_\_\_\_\_ Date \_\_\_\_\_

Reason for Decline \_\_\_\_\_



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