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| --- | --- | --- | --- | --- | --- |
| Credit Application | | | | | |
|  | | | | | |
| **Business Contact Information** | | | | | |
| Company name: | | | | | |
| Primary Contact: | | | | | |
| Phone: | | E-mail: | | | |
| Accounts Payable Contact: | | | | | |
| Phone: | | E-mail: | | | |
| **Business and Credit Information** | | | | | |
| Primary Company address: | | | | | |
| City: | | | | State: | ZIP Code: |
| Sole proprietorship: | Partnership: | | | Corporation: | Other: |
| City: | | | State: | | ZIP Code: |
| How long at current address? | | | | | |
| Corporate Telephone: | | E-mail: | | | |
| Bank name: | | | | | |
| Bank address: | | | Phone: | | |
| City: | | | State: | | ZIP Code: |
| Type of account | | Account number | | | |
|  | |  | | | |
|  | |  | | | |
| **Business/trade references** | | | | | |
| Company name: | | | | | |
| Address: | | | | | |
| City: | | | State: | | ZIP Code: |
| Phone: | | Fax: | E-mail: | | |
|  | | | | | |
| Company name: | | | | | |
| Address: | | | | | |
| City: | | | State: | | ZIP Code: |
| Phone: | | Fax: | E-mail: | | |
|  | | | | | |
| **Agreement** | | | | | |
| This credit application and agreement is submitted by Customer to Logistics Provider., in order to obtain trade credit. Customer agrees to make payments in full to Logistics Provider, for all amounts due according to Logistics Provider invoice on or before net due date. Customer also agrees to pay interest on all amounts that are past due. Interest can be charged monthly at 1.5% if Customer should default in any payment(s). Logistics Provider has reserved the right to declare all invoice amounts due and payable without notice to Customer. Additionally, Customer will be responsible for all collection costs and attorney fees, whether suit is filed or not, in order to collect any delinquent amount. The undersigned certifies that all of the information contained herein is true and correct to the best of their information, knowledge, and belief. Customer agrees to adhere to credit/service polices established by Logistics Provider. | | | | | |
| Signatures | | | | | |
| Title:  Date: | | | | Title:  Date: | |