

CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Title:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

AP Email:

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account

Account number

Savings

Checking

TRANSPORTATION REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State: Ga

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

AGREEMENT

1. Claims arising from invoices must be made within three working days.
2. All Invoice payments are due when invoice is received.
3. By submitting this application, you authorize Port Side Logistics to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:

Date:

Title:

Date: