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**APPLICATION FOR CREDIT**

***CUSTOMER INFORMATION***  
**(Please Print or Type)**

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

Legal Name/DBA: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Person to Contact Regarding Billing: \_\_\_\_\_ Business Email: \_\_\_\_\_

Type of Business: \_\_\_\_\_ In Business Since: \_\_\_\_\_

Federal Tax ID#: \_\_\_\_\_ # of Employees: \_\_\_\_\_

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***BUSINESS STRUCTURE***

Corporation- Publicly Held

Partnership- Limited

Corporation- Closely Held

Sole Proprietorship

Partnership - General

• If A Division or Subsidiary - Name of Parent Company: \_\_\_\_\_

• City/State: \_\_\_\_\_

• If Incorporated - Date: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

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***BANK REFERENCE***

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

Address: \_\_\_\_\_

Checking Account #: \_\_\_\_\_ Account Officer Name: \_\_\_\_\_

Loan Balance: \_\_\_\_\_  Personal

Business Secured By: \_\_\_\_\_

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**COMPANY PRINCIPALS**

1. Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ % Owned \_\_\_\_\_
2. Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ % Owned \_\_\_\_\_
3. Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ % Owned \_\_\_\_\_

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**CREDIT REFERENCES**

(List only those you buy from on account)

1. Firm Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_
2. Firm Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_
3. Firm Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_
4. Firm Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_
5. Firm Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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Do you have credit with another forwarder? YES  NO

*Please list the names and account numbers below:*

NAME: \_\_\_\_\_ Account # \_\_\_\_\_

NAME: \_\_\_\_\_ Account # \_\_\_\_\_

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**TERMS/AGREEMENT**

**PAYMENT TERMS**

**CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY**

The undersigned for the purpose of procuring and establishing credit with **PREMIER LOGISTICS, INC.** (herein after called PLI), and to induce PLI to permit (Company Name) \_\_\_\_\_ to become indebted to PLI for purchase of services, furnishes the above business and personal credit information. The undersigned, jointly and individually, certifies that all information in this credit application is completely factual and correct, and understands that PLI will rely on the accuracy of this information for any credit, which may be extended. PLI is expressly authorized to contact any parties listed herein; and to verify any information contained in this credit application. The undersigned hereby waives any privacy of credit information rights and regulations.

If any representations made on the application prove to be untrue, the undersigned agrees that all obligations of (Company Name) \_\_\_\_\_ to PLI shall immediately become due and fully payable without demand or notice. The undersigned also agrees to pay PLI for all services within fifteen (15) days after receipt of billing. If terms and obligations are unfulfilled, the undersigned also agrees to pay reasonable fees for legal services in the event suit is filed against the below named company to enforce collection.

COMPANY NAME: \_\_\_\_\_  
(Full Name Including DBA)

OFFICER'S NAME AND TITLE: \_\_\_\_\_  
(Please Print)

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_