



CREDIT APPLICATION



1. Company Information

Full Legal Name/Business Entity	Phone #	Fax #
Doing Business as (DBA)		
Legal Address	City	State Zip
Company Type: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Franchise <input type="checkbox"/> Corporation <input type="checkbox"/> Other:		
No. of Employees	Year Business Established	Annual Sales Type of Business
Federal Tax ID	State of Incorporation	DUNS NUMBER:
Commercial Contact Person:		email address:

2. Owner Information

Full Name (including middle initial)	Title
Home Address	City State Zip Phone #

3. Bank References

Bank Name	Account Number	Contact
Address	City State Zip	Phone #
Fax#	Number of years doing business with this Company	

4. Trade Credit References (Please provide three) Please include email address and fax number

Company Name	Contact
Address	City State Zip Phone #
Fax#	or email address

Company Name	Contact
Address	City State Zip Phone #
Fax#	or email address

Company Name	Contact
Address	City State Zip Phone #
Fax#	or email address

We hereby apply for credit and affirm financial responsibility, ability, and willingness to pay invoices in accordance with published terms. The above information is warranted to be true and complete. We hereby authorize you to verify and collect information on us, including but not limited to bank references, trade credit references, consumer and/or commercial credit reports. We agree to pay all costs of collection and litigation on this account in accordance with the laws of the Creditor's State of Incorporation.

We agree that all decisions with respect to the extension or continuation of credit shall be in the sole discretion of the Creditor.

I have read the terms and conditions stated below and agree to all these terms and conditions.

Authorized Signature: _____ Date: _____

Printed name _____ Title: _____

GENERAL TERMS AND CONDITIONS AND PERSONAL GUARANTEE

Carrier's standard payment terms are thirty (30) days from the original invoice date. Payment will be accepted in US currency by ACH, wire, check, or credit card. Shipper agrees that Carrier is entitled to earn interest on any late payments at a rate of eighteen percent (18%) per annum or the highest allowed by law. Shipper agrees that it will be liable for any expenses, including attorney's fees and collection costs, that Carrier incurs in collecting amounts owed.

PERSONAL GUARANTEE: If the credit customer is a corporation, LLP or LLC, then those signing this application, whether signing as an officer or not, personally guarantee payment for all items purchased on credit by the entity.

We are requesting credit in the amount of \$ _____ **(please do not leave blank)**

****Please email the completed credit application to: alexis.hayes@skylinedray.com & rachel.kemphfer@skylinedray.com****



**Dear Valued Customer,
Please fill out this form completely.**

Date:

Company Name:

Billing Address:

City, State, Zip Code:

Accounts Payable Contact:

Accounts Payable Email:

Accounts Payable Phone:

**Email Address for Invoice
Delivery:**

SEI must be notified if invoice delivery email is updated

If any accessorial charges are incurred, whom do we contact for authorization: _____

CHECK ONE – type of invoice preferred:

- Single invoice per move
 One invoice per work order or booking

CHECK ONE – method

- Paperless invoicing sent to accounts payable email
 Website billing (web instructions must be included)

Please list any special identification numbers required on the invoice:

Advise documents that are to accompany the invoice:
