

TRANSPORTATION CREDIT APPLICATION

CONFIDENTIAL

Please fill out completely and return to credit@circledelivers.com or fax to 317-324-9919



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BILLING INFORMATION (If affiliate/subsidiary, indicate parent company)			
REGISTERED BUSINESS NAME:			
DOING BUSINESS AS (DBA): (IF THE SAME AS ABOVE, INDICATE "SAME")			
INVOICING/BILLING ADDRESS:			
CITY:	STATE/PROVINCE:	ZIP/POSTAL CODE:	
PRINCIPALS NAME: (PARTNERS/OWNERS/OFFICERS)		TITLE:	
PHONE/EXT.:	MOBILE:	FAX:	
CONTROLLER/A/P CONTACT:	PHONE/EXT.:	FAX:	
BIN NO. (CANADA):		FED ID NO/IRS NO. (USA):	
DUNN & BRADSTREET:		BUSINESS ESTABLISHED (MONTH/YEAR):	
SOLE PROPRIETORSHIP: <input type="checkbox"/>	PARTNERSHIP: <input type="checkbox"/>	CORPORATION: <input type="checkbox"/>	OTHER: <input type="checkbox"/>
SPECIAL BILLING INSTRUCTIONS:		REQUESTED CREDIT LIMIT:	

BUSINESS/TRADE REFERENCES		
COMPANY NAME:		
PHONE:	FAX:	EMAIL:
COMPANY NAME:		
PHONE:	FAX:	EMAIL:
COMPANY NAME:		
PHONE:	FAX:	EMAIL:

BUSINESS BANKING INFORMATION		
NAME OF BANK:		
ADDRESS:		
CITY:	STATE/PROVINCE:	ZIP/POSTAL CODE:
CONTACT:	PHONE:	FAX:
BRANCH/INSTITUTION NO./ROUTING NO.:		ACCOUNT NO.:

CREDIT CARD AUTHORIZATION (Optional) I/We, authorize Circle Logistics to charge my/our VISA/Master Card/American Express for any outstanding debts or purchases that I/we/customer/applicant may make. (5% fee applies)	
VISA/MC/AMEX #:	EXPIRATION DATE:
NAME ON CREDIT CARD:	SIGNATURE:

OFFICE USE ONLY				
CUSTOMER CODE:	APPROVED BY:	DATE:	CREDIT LIMIT:	REP:

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If your shipping/receiving address is the same as above just indicate "same" in the first field below.		
SHIPPING/RECEIVING ADDRESS		
ADDRESS:	CITY:	STATE/PROVINCE:
ZIP/POSTAL CODE:	PHONE/EXT.:	MOBILE:
FAX:	PRIMARY EMAIL:	
PRIMARY BUSINESS CONTACT:		
HOURS OF OPERATION FROM:	HOURS TO:	PRIMARY COMMODITY:
SPECIAL INSTRUCTIONS:		
APPOINTMENT REQUIRED?	REQUESTED EQUIPMENT:	
SHIPPING/RECEIVING CONTACT NAME:	PHONE:	
FAX:	EMAIL:	
CANADIAN CUSTOMS BROKER:	U.S. CUSTOMS BROKER:	
PHONE:	PHONE:	
FAX:	FAX:	
EMAIL:	EMAIL:	
CIRCLE LOGISTICS, INC TERMS AND CONDITIONS		
Circle Logistics, Inc terms are full payment within 30 days of the date of the invoice. Full terms & conditions can be found at www.circledelivers.com		

UNDERSIGNED APPLICANT AGREEMENT	
<ul style="list-style-type: none"> - I/We agree to pay all Circle Logistics, Inc. invoices in full in consideration of extended credit per Circle Logistics, Inc. terms at www.circledelivers.com - I/We understand and agree to pay any/all costs including 2% per month compounded monthly, on any overdue balance until paid. - I/We understand and agree to pay all legal and collection fees in addition to the amount owed plus the interest charges. - I/We have read and agree to abide by Circle Logistics, Inc terms and conditions at www.circledelivers.com - I/We consent to the obtaining of bank/credit information as may be required at any time in connection with the credit hereby applied for or renewal or extension thereof and to the disclosure of credit information concerning me/us and my/our company to and credit reporting agency or to any person with the undersigned who has or purports to have financial relations. - I/We certify that the information contained in this application is true and correct. 	
AUTHORIZED OFFICER(S)	
NAME (PRINT):	NAME (PRINT):
TITLE:	TITLE:
SIGNATURE:	SIGNATURE: