

## **CREDIT APPLICATION**

CONFIDENTIAL Please fill out completely and return to credit@circledelivers.com

| BILLING INFORMATION (If affiliate / subsidiary, indicate parent company) |              |                   |                       |                    |        |  |  |
|--|--------------|-------------------|-----------------------|--------------------|--------|--|--|
| Registered Business Name:  |              |                   |                       |                    |        |  |  |
| Doing Business As (DBA): (If Same As Above, Indicate "Same")             |              |                   |                       |                    |        |  |  |
| Invoicing / Billing Address:   |              |                   |                       |                    |        |  |  |
| City:  |              | State / Province: |                       | Zip / Postal Code: |        |  |  |
| Principles Name: (Partners / Owners / Officers)                          |              |                   |                       |                    | Title: |  |  |
| Phone / ext:   |              | Mobile:           |                       | Email:             |        |  |  |
| Controller / AP Contact:   |              | Phone / ext:      |                       | Email:             |        |  |  |
| BIN No, (Canada):  |              |                   | FED ID N,O / IRS No,: |                    |        |  |  |
| Business Established: (Month / Year)                                     |              |                   |                       |                    |        |  |  |
| Sole Proprietorship:   | Partnership: |                   | Corporation:          |                    | Other: |  |  |



| BUSINESS / TRADE REFERENCES |        |        |  |  |
|-----------------------------|--------|--------|--|--|
| Company Name:               | Email: | Phone: |  |  |
| Company Name:               | Email: | Phone: |  |  |
| Company Name:               | Email: | Phone: |  |  |

## **UNDERSIGNED APPLICANT AGREEMENT**

## CIRCLE LOGISTICS, INC TERMS ARE FULL PAYMENT WITHIN 30 DAYS OF THE DATE OF THE INVOICE.

- I/WE AGREE TO PAY ALL CIRCLE LOGISTICS, INC IN FULL IN CONSIDERATION OF EXTENDED CREDIT PER CIRCLE LOGISTICS (UNLESS AGREED UPON IN WRITING)
- I/WE UNDERSTAND AND AGREE TO PAY ANY/ALL COSTS PLUS ONE AND ONE HALF (1.5%) INTEREST PER MONTH COMPOUNDED MONTHLY ON ANY OVERDUE BALANCE UNTIL PAID IN FULL.
- I/WE UNDERSTAND & AGREE TO PAY ALL LEGAL & COLLECTION FEES INCURRED BY CIRCLE LOGISTICS, INC. IN ADDITION TO THE AMOUNT OWED.
- I/WE HAVE READ AND AGREE TO ABIDE BY CIRCLE LOGISTICS, INC TERMS AND CONDITIONS.
- I/WE CONSENT TO THE OBTAINING OF BANK/CREDIT INFORMATION AS MAY BE REQUIRED AT ANY TIME IN CON NECTION WITH CREDIT HEREBY APPLIED FOR OR RENEWAL OR EXTENSION THEREOF AND TO THE DISCLO SURE OF CREDIT INFORMATION CONCERNING ME/US AND MY/OUR COMPANY.
- 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:    |  |  |  |