

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 CONNECTION WITH CREDIT HEREBY APPLIED FOR OR RENEWAL OR EXTENSION THEREOF AND TO THE DISCLOSURE 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: