



Credit Application

Customer:

Company Name: _____ Amount of Credit Requested per Month \$ _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Person to contact regarding billing: _____ Telephone: _____

Type of Business: _____ In business since: _____

Federal Tax ID Number: _____ Dun & Bradstreet #: _____

_____ Corporation _____ Partnership _____ Sole Proprietorship

(please check one of the above)

If Incorporated, please list date: _____ State of Incorporation: _____

Bank Reference

Name: _____ (Branch Location) _____

Address: _____ City: _____ Zip Code: _____

Checking Account Number: _____ Savings Account Number: _____

Account Officer Name: _____ Telephone: _____

Fax Number: _____

Officers / Partners Responsible for Business Transactions

1) Name: _____ Position: _____ City: _____ State: _____ Zip: _____

2) Name: _____ Position: _____ City: _____ State: _____ Zip: _____

3) Name: _____ Position: _____ City: _____ State: _____ Zip: _____

References

1) Firm Name: _____ Contact: _____

Telephone Number: _____ Fax Number: _____

2) Firm Name: _____ Contact: _____

Telephone Number: _____ Fax Number: _____



Conditions of Credit

I hereby certify that I am duly authorized to make this application and allow verification of the above information. I guaranty payment of all invoices when due and acknowledge that if the entire account balance is not paid within 30 days, a late charge of 1 ½ % per month, APR 18% will be assessed against the balance due.

A late payment charge of 1 ½ % per month, APR 18%, will be assessed against the balance outstanding over 30 days. The undersigned agrees to pay all costs of collection, or costs of attempting to collect delinquent payments, including attorney’s fees, whether the same is collected through suit or otherwise. The undersigned agrees to abide by company policies and procedures.

By: _____

Date: _____

Must be signed by the owner if a proprietorship, by all partners if a partnership, or by the corporation principal if a corporation.

Contract # _____	Shipping Contract
	
_____, agrees to enter into a shipping contract with (COMPANY NAME)	
Bellair Expediting for a period of 2 years from the date indicated at the bottom of this document, for the purpose of shipping air freight. This contract is non-exclusive; therefore the client is not limited to using Bellair Expediting for their shipping needs. The purpose of this contract is to establish a known relationship between the client and Bellair Expediting.	
_____	_____
Company Representative	Bellair Expediting Employee
_____	_____
Title	Title
_____	_____
Date	Date