



# ACCESS TRANSPORT & LOGISTICS

## CREDIT APPLICATION FOR A BUSINESS ACCOUNT

### BUSINESS CONTACT INFORMATION

Owner/Principal:	Date business commenced:	
Company Name:	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership
Phone:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other
Fax:	Email:	
AP Contact Name:		
AP Phone:	AP Email:	
Billing Address:		
Billing City, State, Zip:		

### SHIPPING & BILLING INFORMATION

Shipping Address (if different than above):	
Shipping City, State, Zip:	
Shipping Phone:	Shipping Fax:
Shipping Contact:	Shipping Email:
<b>Billing Requirements:</b> <input type="checkbox"/> PO# <input type="checkbox"/> Copy of Bill of Lading <input type="checkbox"/> Copy of Proof of Delivery	

### BUSINESS/TRADE REFERENCES

Company Name:	Phone:
Address:	Fax:
City, State Zip:	Email:
Company Name:	Phone:
Address:	Fax:
City, State Zip:	Email:
Company Name:	Phone:
Address:	Fax:
City, State Zip:	Email:

### AGREEMENT

1. Payment due 30 days from invoice date.
2. Credit hold will be placed on account with unpaid invoices at 45 days from invoice date. Failure to pay billed charges may result in a lien on future shipments.
3. Liquidated damages (late fee) will be placed on all unpaid invoices 46 days from invoice date in an amount equal to 10% of the amount due on the invoice.
4. **The filing of a cargo or other claim with the carrier will not relieve above named company from responsibility for payment of freight charges.**
5. **No reduction in invoice charges will be honored unless agreed upon in writing between Access Transport & Logistics and the above customer. Any unauthorized deductions will be pursued as a balance due in full.**
6. If legal action is required, it is agreed that such action will take place in Yolo County and that the above named company will be responsible for all court costs and legal expenses including reasonable attorney fees.
7. By submitting this application, you authorize Access Transport & Logistics to make inquiries into the business/trade references that you have supplied.

### SIGNATURES

Signature	Signature
Name and Title	Name and Title
Date	Date

**\*\*ONCE COMPLETED PLEASE EMAIL THIS APPLICATION TO [blepenske@acctransport.com](mailto:blepenske@acctransport.com) OR FAX TO 530-661-1535\*\***