

**SHIPPER CREDIT APPLICATION**

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

Shipping Contact \_\_\_\_\_ Shipping Email \_\_\_\_\_

Payable Contact \_\_\_\_\_ Payable Email \_\_\_\_\_

Special Billing Requirements \_\_\_\_\_

Year Established \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_ DUNS# \_\_\_\_\_

Business Structure (circle one)    Corp.    Partnership    Sole Prop.    LLC

**BANK INFORMATION**

Name of Bank \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Account Numbers \_\_\_\_\_

**THREE CARRIER/VENDER REFERENCES**

Carrier \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Carrier \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Carrier \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

I agree to and will abide by the following PD&S Policies:

1. We agree to immediately notify PD&S of any change of ownership, name, address, phone, etc.
2. If granted credit, our company agrees to pay our freight bills **within 30** days of receipt.
3. In case of claim, any payments due PD&S will not be subject to withholding in lieu of insurance settlement.
4. I authorize the release of credit information to PD&S, which will be held in strict confidence by PD&S
5. If outside collections are required, we agree to pay for reasonable attorney and collection related costs. We acknowledge that amounts past due may be charged interest at the maximum legal rate.
6. I am an authorized representative of the company and have the authority to execute this document.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

PD&S Associate or Agent (If applicable) \_\_\_\_\_