



P.O. Box 724 Milwaukee, WI 53201
Phone (414) 933-4500 Fax (414) 933-2787

CREDIT APPLICATION

COMPANY INFORMATION

Sales Person _____

Company Name _____

Physical Address _____ City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

Principal Owner (s) _____

Type of Business _____ Years in Business: _____

of Employees: _____ Website: _____

BILLING ADDRESS

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ Ext _____ Fax (_____) _____

CONTACT INFORMATION

Contact Name _____ Title _____

Direct Phone / Extension (_____) _____ **E-mail** _____

A/P/ Contact Name _____ Title _____

Direct Phone (_____) _____ Fax (_____) _____

TRADE REFERENCES (Please provide us with your trade reference sheet if available)

Company _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

FAX (_____) _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

FAX (_____) _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

FAX (_____) _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

FAX (_____) _____

BANK INFORMATION

Company Name _____
Address _____ City _____ State _____ Zip _____
Phone (_____) _____ Fax (_____) _____
Contact _____ Account # _____

Federal Tax ID # _____ Dun & Bradstreet # _____

BILLING REQUIREMENTS

Our terms are NET 15 DAYS; does your accounts payable meet these terms? Yes No

If NO, what terms will your accounts payable meet? _____

Do you require a PO #, BOL#, Ref #, etc? Yes / No If yes, please specify: _____

List any other specific billing requirements: _____

Are you interested in online shipping/tracking? Yes No

Are you interested in e-mail POD's? Yes No E-mail: _____

Contact: _____

Please check-off all of the services you have a need for, or are interested in:

- _____ Local Delivery _____ Out of State _____ Scheduled _____ On-Call _____ Distribution
- _____ Air Freight _____ Inter-Office _____ Daily Mail _____ Warehousing _____ Lease Drivers
- _____ Small Vehicle _____ 24' Straight Truck _____ Tractor-Trailer _____ Lift-Gate _____ Hazmat

Current vendor: _____ Past concerns: _____

Applicant understands the terms and conditions, including credit terms of 15 days, for utilizing services with Bonded Transportation Solutions, Inc. Should applicant fail to pay within said 15 day period, applicant agrees to pay a 1.5% per month finance/service charge on the unpaid balance. In the event payment is not made and account, at the sole discretion of Bonded Transportation Solutions, Inc., is referred for collections, then applicant agrees to pay all costs associated with the collection efforts, including but not limited to, reasonable attorney's fees and court costs together with interest thereon at a rate of 1.5% per month.

Signed:

Date: _____

(Must be signed by owner or partner of applicant; if corporate, an approved officer)

Printed Name:

Title: _____

Return via FAX to: (414) 933-4963 or (414) 933-2787