

Application for credit

Company Name:		
Physical Address:		
City:	State:	Zip
Billing Address:		
City:	State:	Zip
Phone:	Fax:	
Accounting Contact:	Phone:	
Accounting Contact E-mail:		
Do you require monthly statements or Proof of	delivery:	
Cı	redit Terms	
Applicant understands that the terms for payment 30 days from date of invoice. Applicant understand 1.5% per month on the unpaid balance and may reinformation given herein is true and correct. Applicollection agency fees incurred in the collection of to contact the above bank and references for the determine a credit limit, and to report to proper per Applicant understands their account will be COD (Cathat the person whose signature appears below is applicant. All loads are subject to terms and conditions subject to change without notification.	s that payments beyond 30 sult in loss of open account agrees to pay reason this account. Applicant he purpose of verifying crearsons and bureaus applications on delivery) until credits duly authorized to execute	O days are subject to a late penalty or nt privileges. Applicant certifies that able attorney fees, court cost and or ereby authorizes Waller Logistics, Inc edit, to make other investigations to ants' performance by this agreement it verification is complete. We certify cute this document on behalf of the
Company:	Date:_	
Print Name:	Title:_	
Signature:		

PLEASE E-MAIL TO: tmaier@wallerlogistics.com
OR FAX TO: 816-629-3461