|  |
| --- |
| **Client Contact Information** |
| **Business Information** |
| Business Name |       |
| DBA |       |
| Number of years in business |       |
| Federal ID # |       |
| DUNS# |       |
| **Business Address** |
| Street  |       |
| Suite/App |       |
| City |       |
| State |       |
| Zip Code |       |
| Country |       |
| **Primary Contact Information** |
| First Name |       |
| Last Name |       |
| Middle Initial |       |
| Prefix |       |
| Suffix |       |
|  |  |
| Phone #1 |       |
| Ext# |       |
| Phone #2 |       |
| Ext# |       |
| Email |       |
| Fax |       |
| **Secondary Contact Information** |
| First Name |       |
| Last Name |       |
| Middle Initial |       |
| Prefix |       |
| Suffix |       |
|  |  |
| Phone #1 |       |
| Ext# |       |
| Phone #2 |       |
| Ext# |       |
| Email |       |
| Fax |       |



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| **Credit Application** |
| **Officer Information****Please list all Shareholder and Officer information** |
| **Shareholder/Officer #1** |  |
| Name |       |
| Address |       |
| Position with Firm |       |
| Phone Number |       |
| **Shareholder/Officer #2** |  |
| Name |       |
| Address |       |
| Position with Firm |       |
| Phone Number |       |
| **Shareholder/Officer #3** |  |
| Name |       |
| Address |       |
| Position with Firm |       |
| Phone Number |       |
| **Shareholder/Officer #4** |  |
| Name |       |
| Address |       |
| Position with Firm |       |
| Phone Number |       |
| **Responsible Party****Please list contact information of individual responsible for payment of invoices** |
| Name |       |
| Address Line #1 |       |
| Address Line #2 |       |
| Phone # |       |
| Email |       |
| **Bank Reference** |
| Bank Name |       |
| Bank Address Line #1 |       |
| Bank Address Line #2 |       |
| Bank Contact Name |       |
| Bank Phone # |       |
| **Other References**List three companies with whom you have established credit |
| **Company #1** |  |
| Name |       |
| Location |       |
| Account# |       |
| Phone Number |       |
| **Company #2** |  |
| Name |       |
| Location |       |
| Account# |       |
| Phone Number |       |
| **Company #3** |  |
| Name |       |
| Location |       |
| Account# |       |
| Phone Number |       |
| * Tri State Forwarding, Inc. is not responsible for lost, damaged, stolen, or delayed shipments through any carrier.
* Tri State Forwarding, Inc. can arrange shipment value protection for the shipper covering the actual cash value in respect of loss of, or physical damage to the shipment, provided the shipper requests and pays the insurance premium. Shipment Value Protection does not cover indirect loss or damage, or loss or damage caused by delays. Tri State Forwarding, Inc. can help you throughout the dispute process if requested, but monetary return is not guaranteed.
* If requested, we can extend the credit amount as per the frequency of your shipments. Please note, if no credit is approved for your account, or if you do not wish to obtain credit, all invoices are due upon receipt until credibility is established.
* Payment Method: Check, Wire Transfer, or Credit Card +Fees
 |
| **Signature of Applicant (Required)** |
|  |  |
| Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| Print Name |       | Title |       | Date |       |
|  |  |  |  |  |  |

Please Do Not Write Below This Line

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| --- |
| **For Office Use Only** |
| **Approved/Declined** |  |
| Credit and Collection Supervisor Name |  |
| Approved/Declined | Approved [ ] Declined [ ]  |

