

SHIPPER CREDIT APPLICATION

Company Name _____

Address _____

City/State/Zip _____

Billing Address (if different): _____

Phone _____ Fax _____ Email _____

Shipping Contact _____ Shipping Phone _____

Shipping Email _____

Account Payable Contact _____ Payable Phone _____

Payable Email _____

Can we email your invoice? Y/N If so, what email address _____

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) _____