



P. O. Box 938, Cabool, MO 65689

tel: 417-962-0216 fax: 417-962-0217

CREDIT APPLICATION

Company Name _____

Address _____

Billing Address (if not the same) _____

Phone _____ Fax _____

E-Mail _____ TIN _____

Shipping Contact _____

Payables Contact _____

Special Billing Requirements _____

Do you accept invoices via fax and/or E-mail? _____

BANK INFORMATION

Name of Bank _____

Contact _____ Phone _____

Account Number(s) _____

DUNS # _____

CARRIER REFERENCES:

Carrier _____ Phone _____

Carrier _____ Phone _____

Carrier _____ Phone _____

I understand and agree the following polices required by Three Circle Logistics LLC:

1. Notify Three Circle Logistics LLC of any changes in ownership, name, address, phone numbers, etc.
2. If credit is approved, it is agreed that freight bills will be paid within 15 days upon receipt.
3. Our company's financial condition is satisfactory and we will meet all financial obligations.
4. I authorize the release of credit information to Three Circle Logistics LLC, which will be kept in strict confidence.
5. It is agreed that our account will become COD should we fail to pay within the agreed upon terms.
6. If legal collections are required we agree to reimburse Three Circle Logistics for any attorney and/or collection fees.
7. I am an authorized representative of the Company and have the authority to execute this document and
8. I understand that Three Circle Logistics LLC has the option to run periodic credit reports to keep customer files current and I hereby authorize Three Circle Logistics LLC to run additional credit reports as they deem appropriate.
9. I agree that a faxed signature and transmittal will act as a legal document.

Signed by

Date

Printed Name

Please complete and fax to Three Circle Logistics LLC at 417-962-0217