

## **Customer Application**

Company Infor	rmation								
Full Legal Name/Business Entity			Phone #				Fax #		
Doing Business As	s (DBA)								
Billing Address					City		S	State	Zip
Company Type: Proprietorship	Partnership	Corporation	Franchise	Other:					
Federal Tax ID (if incorporated)		State of Incorporation				Year Business Established			
Type of Business			No. of Employees				Annual Sales		
E-Mail Address(es):						Website:			

## Owner Information (required on entities with annual sales <\$10 Million)

Full Name (including middle initial)			Title	Social Security #		
Home Address	City	State	Zip	Phone #	Fax #	
Bank Reference						
Bank Name	Ac	ccount Number(s)		Contact		
Address	City	State	Zip	Phone #	Fax #	
Trade Credit Referen	nces					
Company Name				Contact		
Address	City	State	Zip	Phone #	Fax #	
Email Address:						
Company Name				Contact		
Address	City	State	Zip	Phone #	Fax #	
Email Address:						
Company Name				Contact		
Address	City	State	Zip	Phone #	Fax #	
Email Address:						

Purchase Order Required Yes\_\_\_\_ No \_\_\_\_

Tax Exempt: Yes \_\_\_\_\_ No \_\_\_\_ (If yes, attach certificate)

Please mail a copy of your most recent financial statements (Balance Sheet & Income Statement). We request an officer sign the Balance Sheet. If unsigned, we cannot confirm its authenticity or reliability.

We hereby apply for credit and affirm financial responsibility, ability and willingness to pay invoices in accordance with published terms. The above information is warranted to be true and complete. We hereby authorize you to verify and collect information on us, including but not limited to bank references, trade credit references, consumer and/or commercial credit reports. We agree to pay a monthly finance charge of the maximum applicable state rate on all past due balances. We agree to pay all costs of collection and litigation on this account in accordance with the laws of the Creditor's State of Incorporation. We agree that all decisions with respect to the extension or continuation of credit shall be in the sole discretion of the Creditor.

Authorized Owner/Officer Signature/Title:

Standard Forwarding Freight 2925 Morton Drive East Moline, IL 61244 Ph: (309) 755-4504 Fax: (309) 755-9774

\_\_\_\_\_ Date:\_\_\_\_\_