ALLIANCE
A LOGISTICS COMPANY

CREDIT APPLICATION

Customers' information

Line of Credit Requested: $	D & B Number	Federal Tax I.D. Number:
Business Name	DBA: (If applicable)	Phone # Fax #
Physical Address:	City	State Zip Code
Shipping Address:	City	State Zip Code
Billing Address:	City	State Zip Code

Banking and Billing Information

Bank Name:	Contact	Branch
Phone	Account Number	Routing Number:
CFO Contact	Phone/Ext:	Email Address:
Accounts Payable Manager:	Phone/Ext:	Email Address:
Alternate Payable Contact	Phone/Ext:	Email Address
Billing email address	1.	2.

BILLING REFERENCE

Billing Type:	☐ Email	☐ EDI	☐OTHERS_____
Back up Needed:	☐ POD		SPECIAL NUMBER SERIES TO APPEAR ON INVOICE _____
OTHER SPECIAL INFORMATION			

Preferred Mode of Payment

☐ ACH	☐ CREDIT CARD (3% fee)	☐ OTHERS:

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AGREEMENT

Applicant agrees to pay any collection costs incurred to collect the amount balance, including reasonable attorney's fees. Applicant agrees Alliance has the right to put a lien on any shipment for any unpaid invoice.

The Undersigned Will / Will Not submit a financial Statement.

The Undersigned as an inducement to grant credit warrants that the information submitted is true and correct. Alliance is authorized to investigate the credit references listed on page one

PRINT FULL NAME	AUTHORIZED SIGNATURE	TITLE	DATE
PRINT FULL NAME	AUTHORIZED SIGNATURE	TITLE	DATE

ALLIANCE USE ONLY

DATE LINE OF CREDIT APPROVED: _____ **by:** _____

DATE LINE OF CREDIT DECLINED: _____ **by:** _____

COMMENTS: _____