



SERVICE ABOVE AND BEYOND

Credit Application and Agreement
Please fill out this form completely

General Information

Registered Firm Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

\_\_\_ Sole Proprietorship \_\_\_ Partnership \_\_\_ Corporation

EIN or SS # \_\_\_\_\_ Year Business Established \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax # \_\_\_\_\_

President \_\_\_\_\_ Controller \_\_\_\_\_

A/P Contact \_\_\_\_\_ Ownership changed in past year? \_\_\_\_\_

Parent Company \_\_\_\_\_ Branches \_\_\_\_\_

Freight Payment Schedule: Net \_\_\_\_\_ Are you on schedule now? \_\_\_\_\_

Banking Information

This application will also serve as an authorization to release information from your bank to EA Logistics, and any creditors who may need an authorization from you, the customer. The information contained herein is confidential and is only supplied to the company for which you are applying credit. This also authorizes companies to FAX their reply to us.

Bank name \_\_\_\_\_ Phone # \_\_\_\_\_

Contact \_\_\_\_\_ Acct # \_\_\_\_\_

Line of credit Acct # \_\_\_\_\_ Acct # \_\_\_\_\_

Officer's Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_

For company use only Sales Rep \_\_\_\_\_ Credit Limit \_\_\_\_\_ Approved By \_\_\_\_\_

**Special Billing Instructions**

Customer (Company) Name \_\_\_\_\_

If there are no special billing requirements please check here \_\_\_\_\_

*Please Check Required Items To Accompany Invoices:*

- Print POD Information on Invoice       Hard Copy of POD
- Copy of Customer Bill of Lading       Copy of EA Logistics Bill
- Print reference/PO No. on Invoice       Other (explain below)

Manifest Billing  Y/N If Yes, please select one of the following options:  
    Daily     Weekly     Monthly

Your billing will be mailed to your business address unless otherwise specified:

**Credit Terms and Conditions:**

The applicant(s) ("Customer") executing this Application and Agreement hereby agree(s) that payment for all services is subject to the following conditions:

1. Customer agrees that all amounts due for services provided by EA Logistics are payable to P.O. Box 66459, Chicago, IL 60666
2. Customer agrees that all amounts due are not payable installments, but are payable NET 30 days upon receipt of invoice. Company reserves the right to demand payment of all outstanding and past due freight charges as a pre-condition for releasing any shipment(s) at destination. This right includes the right to demand payment upon delivery of any shipment(s) at any time. If any amount due is not paid within said period of delinquency charge of 1 ½ % per month of the delinquent balance shall be added to the sum due.
3. In the event the Account becomes delinquent and is turned over for collections, Customer agrees to pay all reasonable attorneys' and collectors' fees , plus all attendant collection/court costs.
4. Customer agrees to notify the Company by certified mail of any changes in ownership of Customer and further agrees to be liable for all losses incurred as a result of failure to comply with said notifications.
5. Customer authorizes the Company and/or it's Credit Agency(s) to investigate all credit history, bank references and any other information required to process this application and as it deems necessary in the future.

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_

Title \_\_\_\_\_ Print Name \_\_\_\_\_

**References (Minimum of Three)**

Company Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Contact \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Contact \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Contact \_\_\_\_\_

**Please Return Completed via Fax to (630) 595-9399 Attn: Credit/Collections**