



New Customer Credit Application

Company Information

Company Name

Billing Address

City

State

Zip

Physical Address

City

State

Zip

Contact Person

Phone Number

Fax Number

Years in Business

Incorporated?

Federal I.D. #

President/Owner Name

Banking Information

Bank/Branch

Account Number

Address

City

State

Zip

Bank Contact Person

Phone Number

Fax Number

Trade References

1. _____
2. _____
3. _____

Trucking References

1. _____
2. _____
3. _____

Terms on all invoices are net 30 days from date of invoice. We agree that upon approval of this application that we will abide by the credit terms and limits established by High Point Logistics, LLC. and in the event that our account is forwarded to an attorney or other agency for collection, with or without suit, we agree to pay collection costs, reasonable attorney fees.

Owner/Corporate Office Signature

Date