



APPLICATION FOR OPEN ACCOUNT CREDIT

BUSINESS AND CONTACT INFORMATION

Acct. payable Contact:

Nature of Business:

Company name:

Federal ID# :

Phone: ()

Fax: ()

E-mail:

Physical address:

Mailing Address:

State:

Zip Code:

City:

State:

ZIP Code:

Date business commenced:

Current Annual Sales:

Sole proprietorship:

Partnership:

Corporation:

Other:

Principals names:

Special billing requirements

Has your company ever been involved in a bankruptcy?

If yes, please provide details below:

BANK INFORMATION

Bank name:

Contact:

Bank address:

Phone: ()

City:

State:

ZIP Code:

Type of account

Account number

Savings

Checking

Other



BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

AGREEMENT

1. All invoices are to be paid 15 days from the date of the invoice.
2. 2% PER MONTH WILL BE CHARGED ON ALL OVERDUE AMOUNTS (24% per annum)
3. The undersigned agrees to pay \$100.00 service charge on all checks returned for NSF.
4. All cost of collection or attempting to collect of any overdue charges, including reasonable attorney's fees, shall be the responsibility of applicant.
5. By submitting this application, you authorize Vulcan Logistics to make inquiries into the banking and business/trade references that you have supplied.

6. Please fill out completely and return by fax along with copy of current financials to 205-620-5150

SIGNATURES

Title:

Date:

Title:

Date:

Signature