



CUSTOMER CREDIT APPLICATION Please send form to info@archgate-logistics.com

COMPANY INFORMATION

All fields must be filled out for processing

Name of Business: _____

Street Address: _____ Phone #: _____

City: _____ State: _____ Postal Code: _____ Fax #: _____

Billing Address (if different): _____

Billing E-mail Address: _____

Business Type: _____ Date Established: _____

D&B Number: _____ EIN #: _____

Estimated # of shipments per month: _____ Credit Limit Requested: _____

CONTACTS

President/Owner: _____ CFO/Controller: _____

Accounting Contact: _____ Phone #: _____

BANK REFERENCE

Financial Institution: _____ Branch: _____

Contact Name: _____ Phone #: _____ Fax #: _____

TRADE REFERENCES

Company Name: _____ Account Number: _____

Phone #: _____ Fax #: _____ Contact Name: _____

Company Name: _____ Account Number: _____

Phone #: _____ Fax #: _____ Contact Name: _____

Company Name: _____ Account Number: _____

Phone #: _____ Fax #: _____ Contact Name: _____

CUSTOMER AGREEMENT

The above named credit application certifies that the foregoing information is true and correct. We authorize the above listed Bank and Credit references to release information to Archgate Logistics, Inc for use in the evaluation of the credit request. We also authorize Archgate Logistics, Inc to obtain a credit report. It is hereby agreed that freight charges will be payable within 21 days and cannot and will not be held due to unsettled claims. It is understood that our signature of this document binds us to the terms and conditions of Archgate Logistics Inc

Authorized Signature _____ Title _____

Print Name _____ Date _____

ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL