



# Confidential Application for Credit

Please fax completed form to our credit dept at 908-852-8291

Business Name			
Street Address			
Street Address 2			
City – State - Zip			
Phone & Fax			
Office Name – SS#			
Business Type	<input type="checkbox"/> Corp. <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Sole Pro.		
Fed EIN # or D&B#			
Registration State**	**(NJ, OH, etc)		
Business Start Date			
Number of Employees			
Business Bank			
Bank Contact / tel.			
Business Ref & Contact			
Business Ref & Contact			
Business Website			
Email Address			
Email Address2			

### TERMS AND CONDITIONS:

**No credit is available to you until you have been approved by our credit department. The act of applying for credit does not assure you of being approved. The applicant accepts that our invoice terms are 15 days from invoice date.** Past due accounts are assessed a finance charge of 1 ½ % per month. It is agreed that Logistxs, Inc. arranges transportation services and as such the total aggregate liability of Logistxs, Inc. under this agreement, regardless of the basis of liability or the form of action, will in no event exceed our invoiced fee. In the event that any account is not paid when due the cost of collection will be added to invoice amount.. If legal action is commenced, the prevailing party shall be entitled to its

reasonable attorney fees and court costs, including any cost of appeal.

I have the authority to agree on behalf of the BUSINESS NAME above, to accept full responsibility for the payment of all debts incurred in the movement of freight by Logistxs as requested by the BUSINESS NAME above.

The applicant authorizes Logistxs to conduct or cause to be conducted, a credit investigation on a continuing basis to substantiate a line of credit.

The applicant acknowledges that possession of a duly executed and transmitted facsimile copy of the original is of the same legal effect and consequence as an original.

### SIGNATURE REQUIRED:

**I state that I have the business authority to apply for credit and have provided the above information as accurately as possible.**

Date: \_\_\_\_\_ Applicant's Authorized Signature: \_\_\_\_\_

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