



Edge Logistics & Transport  
 1755 Grant Avenue  
 Ph: 360-332-1414 Fax: 360-332-1408  
**COMMERCIAL CREDIT APPLICATION**

**BUSINESS CONTACT INFORMATION**

Credit Level Requested: \$ \_\_\_\_\_ NOTE: PLEASE COMPLETE ALL ENTRIES. TYPE OR PRINT CLEARLY.

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Billing Address (If different from company address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Legal Formation of Company**      How long at current address?      Type of Business:

Corporation: \_\_\_\_\_ Partnership: \_\_\_\_\_ Proprietorship: \_\_\_\_\_

**BANK INFORMATION**

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**Type of account**    Savings: \_\_\_\_\_    Checking: \_\_\_\_\_    Other: \_\_\_\_\_    Account Number: \_\_\_\_\_

**PRINCIPAL(S) OF COMPANY**

Name	Address	Position

**CREDIT REFERENCES**

Name	Address	Phone	Fax

**AGREEMENT**

**NOTICE:** The following credit agreement is provided for your information. Please read the agreement before signing the application.

Credit agreement: Upon opening this 30 day account, I agree:

1. To pay each invoice within its terms of 30 days from **date of shipment**.
2. To pay a 1.5% interest per month on any invoices that become thirty-one days or older.
3. To pay all attorneys' fees and all costs in the event that collection efforts become necessary.
4. To authorize release of credit and banking information for approval of this request.
5. By signing, electronic or otherwise, you acknowledge and accept Edge Logistics & Transport, Inc.'s terms and conditions. Copy available on our website: [www.edgelogisticsinc.com](http://www.edgelogisticsinc.com).

By completing this application, Edge Logistics & Transport, Inc. is granted permission to contact bank references and other vendors to seek financial and credit information for your business. Edge Logistics & Transport, Inc. will hold all information received in strict confidence and will not discuss this information with any person or business other than our management and credit personnel. Payment must be made within terms. Non-payment and/or slow payment of invoices may be cause for suspension of credit, termination of credit and/or other penalties.

**How did you hear about us?**

Signature: _____	Date: _____	Title: _____
Credit Approval: _____	Date: _____	Credit Level Approved: _____