

SPOKANE TRANSFER & STORAGE APPLICATION FOR CREDIT TERMS

Complete all area(s):

Form of Business: Sole Proprietorship ___ Corporation ___ Joint Venture ___ LLP ___

Business Name: _____ Date Business Began: _____

Business Trade Name(s): _____ Phone: () _____

Physical Address: _____ City: _____ St: _____ Zip: _____

Mailing Address: _____ City: _____ St: _____ Zip: _____

County: _____ Fax: _____

Name of Owner(s): _____ SSN: _____

_____ SSN: _____

Name of Managing Partner(s): _____ SSN: _____

_____ SSN: _____

Name of President: _____ Fed Tax ID # _____

Name of Principal Bank: _____ Phone: () _____

Contact: _____ Account # (s): _____

TRADE CREDIT REFERENCES (At least One Freight Carrier)

1) _____ Address: _____ City: _____ St: _____

Zip: _____ Phone: () _____ Account #: _____

2) _____ Address: _____ City: _____ St: _____

Zip: _____ Phone: () _____ Account #: _____

3) _____ Address: _____ City: _____ St: _____

Zip: _____ Phone: () _____ Account #: _____

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Brief Description of Business: _____

Have You Ever Declared Bankruptcy? Yes _____ No _____

Accounts Payable Contact: _____ Phone: () _____

Spokane Transfer & Storage Standard Terms Are 10 days. (Invoices paid after 30 days or which becomes delinquent are subject to removal of applicable discounts and additional collection costs.

I/We hereby authorize Spokane Transfer & Storage to investigate the above references and to access any and all credit reporting agencies regarding my/our credit background and financial responsibility.

Applicant's signature warrants:

- (a) Ability and willingness to pay invoices in accordance with the D.O.T. Terms as well as the terms and conditions of Spokane Transfer & Storage.
- (b) Agreement to pay full charges before discounts applied as well as any additional costs on invoices 30 days or more past due.
- (c) Agreement to pay all reasonable costs of collections, including a reasonable attorney's fee both pre and post judgment if the account balance is not paid when due.

Signature: _____ Title: _____ Date: _____

Printed Name: _____

Please do not fill out the following areas.
(For Spokane Transfer & Storage credit representative)

Credit Limit: _____

Approved By: _____

Date: _____

Declined By: _____

Date: _____