

Customer Credit Application for EgeTrans USA, Inc.

Any information provided in this form will remain confidential.
We will not disclose any data outside the purpose of determining credit.

Company name		Credit amount requested
DBA (if applicable)		Tax ID #
Address		DUNS No.
City/State/ZIP Code		
Contact Name		Phone
E-mail		Fax
Nature of Business		Year Est.
Type of Business	Corporation	Partnership
	Sole Proprietorship	Other:
Traffic Manager		Phone
E-mail		Fax
AP Manager		Phone
E-mail		Fax
Parent Company		Tax ID #
Address		Pone
City/State/ZIP Code		Fax

Bank Information

Bank Name	Phone
Address	Fax
Account Number	
Contact Name	
E-mail	

Trade References

Company Name _____ Phone _____
Address _____ Fax _____
Contact Name _____
E-mail _____

Company Name _____ Phone _____
Address _____ Fax _____
Contact Name _____
E-mail _____

Company Name _____ Phone _____
Address _____ Fax _____
Contact Name _____
E-mail _____

Confirmation if accuracy, release of authority to verify, and agreement: It is agreed that all references may be checked before credit is established. Overdue balances may result in forfeiture of any current and future credit agreements. **EgeTrans USA, Inc.*** reserves the right to review and re-establish credit terms and policies at any time. Any dishonored checks will be subject to a fee of the maximum allowed by law. All charges for a shipment must be paid in advance of processing any claims. Any invoiced amounts which are past due are subject to: service charges, 18% interest from the date of invoice, attorneys' fees and costs.

Authorization to release information: I hereby authorize the above mentioned bank and trade references to disclose commercial credit and financial information to **EgeTrans USA, Inc.*** upon request. I do, also, authorize EgeTrans USA, Inc.*, and/or their agents to verify our credit status with various credit reporting agencies and to verify banks and trade references supplied herein. The undersigned certifies that he/she is authorized to enter into this Credit Application Agreement and further certifies that the parties named above are authorized to order services with EgeTrans USA, Inc.* and all orders placed by said parties shall bind Applicant for payment thereof.

Authorized Signature _____ Date _____

Print Name _____ Title _____

* **EgeTrans USA, Inc.**
1111 Plaza Dr. Unit 800
Schaumburg, IL 60173