



**Credit Application**

Normal Credit Terms are **Net 15 days from date of invoice**. Balances unpaid after 30 days are assessed interest at the rate of 1.5% per month plus applicable collection and legal costs associated with the collection. Claims are filed on broker surety bonds after 45 days past due.

Payments should be mailed to: **POB 5443 Boise, ID 83705**

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

**Billing Address:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Accounts Payable Contact Name:** \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

**Bank:** \_\_\_\_\_ **Account No:** \_\_\_\_\_

Banking Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Name, Phone & FAX Number for Three Business Credit References**

(Note: you may attach your reference list if already prepared)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Check Type of Business: Corporation \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ LLC \_\_\_\_\_ Partnership \_\_\_\_\_

Year Business Established: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Annual Sales: \$ \_\_\_\_\_

DUNS Number: \_\_\_\_\_ TIN: \_\_\_\_\_

**I certify the above information as correct and authorize Creative Logistics, Inc to verify credit and banking information as detailed above for purposes of determining creditworthiness.**

\_\_\_\_\_  
Printed Name/Title of Person Completing Form

\_\_\_\_\_  
Authorized Signature/Date