

**Accellatrans, Inc.**

980 Bourne Avenue, Savannah, Georgia 31408

(912) 966-1858

www.Accellatrans.com

**Credit Application**

Company Responsible for Freight Charges: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Accounting Contact: \_\_\_\_\_ Amount of Credit Requesting: \_\_\_\_\_

Parent Company: \_\_\_\_\_ Number of Years in Business: \_\_\_\_\_

Business Type: Corporation: \_\_\_\_\_ Partnership: \_\_\_\_\_ Sole Proprietorship: \_\_\_\_\_

Dun & Bradstreet Number: \_\_\_\_\_ Federal ID #: \_\_\_\_\_ MC #: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Account #: \_\_\_\_\_

Phone #: \_\_\_\_\_ Contact: \_\_\_\_\_

Please list 3 Trade References to whom you have made payments:

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

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

I hereby authorize the above name bank and trade references to furnish Accellatrans, Inc with any and all credit information requested by them.

All shipments are subject to Accellatrans, Inc Standard Warehouse Terms and Conditions which can be found on our website. It is understood that payment terms are 30 days. Customer agrees that any credit granted shall be paid promptly in accordance with these terms. Creditor may add 1 ½ % interest per month to any outstanding balance over 30 days, and in the event of default, to pay collection charges and/or attorney's fees.

PRINT: \_\_\_\_\_ SIGN: \_\_\_\_\_

Individually and as an Officer/Owner of the Company