

Customer Credit Application



Business Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____

Business Type: Corporation LLC Other _____

Date Started _____ DUNS # _____ Fed ID # _____

President _____ Controller _____ AP Supervisor _____

I authorize (bank name): _____ To release account information re:

Account #	Contact	Phone	Fax

Address: _____ City/State/Zip: _____

Please List Credit References

Name	Address	Phone	Contact
1.			
2.			
3.			

Credit Limit Requested \$ _____

If credit is approved, Customer agrees to pay all invoices within thirty (30) days of invoice date and agrees to pay a late charge of 1½ % per month (18% annual rate) on all past due balances. Customer agrees that the payment of freight charges shall not be postponed or setoff due to alleged loss or damage to Customer's freight. In the event Sunteck is required to collect unpaid invoices, it shall be entitled to recover reasonable collection costs and attorney fees from Customer. Venue shall be in Palm Beach County, Florida and Customer consents to the court's jurisdiction and hereby waives objection. The undersigned consents to the release of its credit, banking and financial history. For additional information, see "Terms and Conditions of Service" at www.suntecktransport.com.

_____ Title _____ Date _____
 Print Name

 Officer / Authorized Signature

When complete, please return to your Sunteck office via Fax