



#3 Crafton Square, Pittsburgh PA 15205 | Phone 800-223-8973 | Fax 412-920-1899

### CREDIT APPLICATION

#### Company Information

Name of Business: \_\_\_\_\_ Tax I.D. Number: \_\_\_\_\_

Legal Form Under Which Business Operates: (Circle one) Corporation Partnership Proprietorship

Type of Business: \_\_\_\_\_ In Business Since: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### Bank References

Institution Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Checking Account #: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Trade References

Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Account Opened Since: \_\_\_\_\_ Credit Limit: \_\_\_\_\_ Current Balance: \_\_\_\_\_

Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Account Opened Since: \_\_\_\_\_ Credit Limit: \_\_\_\_\_ Current Balance: \_\_\_\_\_

Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Account Opened Since: \_\_\_\_\_ Credit Limit: \_\_\_\_\_ Current Balance: \_\_\_\_\_

#### TERMS OF SALE

1. Payments for all shipments are due 30 days from the date the shipment is invoiced and are past due thereafter. 2. Applicant and/or guarantor/s agree to pay all actual cost of collection including actual attorney's fees, court costs and or collection agency fees due to applicants' or guarantors' breach of the terms of sale, whether or not a lawsuit is brought to satisfy the debt owed to Carrier by applicant or guarantor/s. In the event that any suit or collection action is required to enforce the terms of this Credit Application and to collect unpaid account balances owing to Carrier, the undersigned agrees that jurisdiction and venue for any such action shall not be limited to the state and county in which the materials, goods or services are purchased or received. The undersigned also agrees and submits to the jurisdiction of the Pennsylvania courts, and agrees that at Carrier's sole option, the proper venue for any such collection action may include Pittsburgh and Allegheny County, Pennsylvania. 3. All sales are subject to all other terms set forth on the pertinent Bill of Lading, Rate Confirmation or invoice relating to the particular sale. 4. ACCOUNT BALANCES 60 DAYS AND OLDER ARE SUBJECT TO A CREDIT HOLD AND MAY BE REPORTED TO INDUSTRY TRADE GROUP ASSOCIATIONS. 5. Applicant and/or guarantor/s agree to pay to Carrier a service charge equal to but not greater than the legally acceptable amount on all dishonored checks returned to Carrier by its bank.

Signature \_\_\_\_\_ Printed/Title \_\_\_\_\_



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### BILLING PREFERENCES & COMPLIANCE QUESTIONNAIRE

• Do you prefer each invoice and proof of delivery to be mailed emailed other (specify below)  
Specify additional required documentation below.

• Please provide the following Accounts Payable information:

○ Billing Address (if different than page one):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

○ Email Address: \_\_\_\_\_

○ Fax Number: \_\_\_\_\_

- Our payment terms are net-30 from receipt of invoice.
- Mailed payments to: GT Worldwide Transport, PO Box 72124, Cleveland OH 44192
- ACH payments to: Please email [creditrequests@shiprrex.com](mailto:creditrequests@shiprrex.com)
- Please add any special instruction, additional requirements, comments below:

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• \*\*\*Compliance (Response Required) ○ Does your company have Haz-Mat opportunity? Yes No

○ Does your company require service in Canada? Yes No

- Company Name: \_\_\_\_\_
- Printed & Title: \_\_\_\_\_
- Signature: \_\_\_\_\_ Date \_\_\_\_\_