

PLEASE NOTE THAT ONLY COMPLETED APPLICATION WILL BE PROCESSED

LOGISTIC DYNAMICS, INC. SHIPPER CREDIT APPLICATIONS

Company Name _____ Desired Credit Limit \$ _____

Address _____

City/State/Zip _____

Billing Address (If different) _____

Phone _____ Fax _____

Email _____ Website _____

Shipping Contact _____ Payables Contact _____

Special Billing Requirements _____

Year Established _____ DUNS# _____ Fed Tax ID _____

Business Structure (circle one) Corporation Partnership Sole Proprietorship LLC

Has your company ever been involved in a bankruptcy? No or Yes When? _____

BANK INFORMATION

Name of Bank _____

Contact Person _____ Phone _____

Account Number(s) _____ Fax _____

THREE CARRIER REFERENCES

Carrier _____ Phone _____ Fax _____

Carrier _____ Phone _____ Fax _____

Carrier _____ Phone _____ Fax _____

I understand the following and will abide by Logistic Dynamics, Inc. (LDI) company policies:

1. We agree to immediately notify LDI of any changes in ownership, name, address, phone #, etc.
2. If granted credit, our company agrees to pay our freight bills **within 21 days** of receipt.
3. I authorize the release of credit information to LDI, which will be held in strict confidence by LDI.
4. If outside collections are required we agree to pay for reasonable attorney & collection related costs. We acknowledge that amounts past due may be charged interested at the maximum legal rate.
5. This Agreement shall be governed by the laws of the State of New York, county of Erie.
6. I am an authorized representative of the company and have the authority to execute this document.

Signature _____ Date _____

Print Name _____ Title _____

LDI Associate/Agent _____