



# GL Freight Management, Inc.

555 W. Lambert Rd. Unit K

Brea, Ca. 92821

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www.glfreight.com

## CREDIT APPLICATION

Company (Customer) Legal Name Telephone# Fax#

Billing Address City State Zip Code

Federal ID# or S.S.# Date Established DUB & BRAD Street#

Individual Partnership Corporation

Tax Exempt? Yes or No If Yes, please provide exempt certificate Sales Tax#

## COMPANY OFFICERS

Name of Owner Title Home Address Home Phone #

Name of Owner Title Home Address Home Phone #

Please attach another page if more than two company officers\*

## BANK REFERENCES

Bank Name/Contact Address Phone# Fax# Acct#

Bank Name/Contact Address Phone# Fax# Acct#

## TRANSPORTATION REFERENCES

Company Name Address Phone# Fax# Acct#

Company Name Address Phone# Fax# Acct#

Company Name Address Phone# Fax# Acct#

**TERMS:** Net 30 days. All accounts with past due balances over 45 days will be assessed a service charge of 1-1/2% per month (18% annum.). Credit may be withdrawn at any time for failure to pay as agreed. Collection expenses will be added to the account balance.

**CERTIFICATION:** I certify that the above information is correct to the best of my knowledge, and that I have read, understand and agree to the terms above. I authorize you to perform a credit investigation, including obtaining a personal credit report if necessary, in the processing of this application. All parties agree that a signed copy of this form is a "legal document".

Signature of Principal Title Date

I (We) the undersigned personally guarantees to pay, with interest and finance charges without deduction for any claim, setoff, counterclaim, expenses or attorney fees relating to the collection or attempts thereof, of the above account with GL Freight Management, Inc.

Signature Date

Print Name