



230 EARL SLEESEMAN DRIVE  
CORUNNA, MI 48817  
TELEPHONE (989) 743-4445  
FAX# (989) 743-5756

# CREDIT APPLICATION

COMPANY NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TYPE OF COMPANY \_\_\_\_\_ CORPORATION (C, S, OR LLC) \_\_\_\_\_ PARTNERSHIP  
\_\_\_\_\_ SUBSIDIARY \_\_\_\_\_ SOLE PROPRIETORSHIP

IF SUBSIDIARY, PARENT COMPANY \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
PREVIOUS ADDRESS (IF Any) \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ FAX PHONE \_\_\_\_\_  
FEDERAL I.D.# \_\_\_\_\_ OR SOC, SEC# \_\_\_\_\_  
DUNN AND BRADSTREET # \_\_\_\_\_ (IF KNOWN)

**PLEASE LIST THREE TRANSPORTATION RELATED REFERENCES**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
TELEPHONE# \_\_\_\_\_ FAX NUMBER \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
TELEPHONE# \_\_\_\_\_ FAX NUMBER \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
TELEPHONE# \_\_\_\_\_ FAX NUMBER \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_

DO YOU USE A FREIGHT PAYMENT SERVICE?  YES  NO  
**IF YES, PLEASE SUPPLY THE FOLLOWING INFORMATION:**  
 NAME OF SERVICE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 TELEPHONE# \_\_\_\_\_ FAX NUMBER \_\_\_\_\_  
 CONTACT PERSON \_\_\_\_\_  
 IS THIS FREIGHT PAYMENT SERVICE WHERE WE SENT FREIGHT BILLS FOR  
 REMITTANCE?  YES  NO IF NO WHERE DO WE SEND FREIGHT BILLS?  
 NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 TELEPHONE# \_\_\_\_\_ FAX NUMBER \_\_\_\_\_  
 CONTACT PERSON \_\_\_\_\_  
 WHAT ARE YOUR BILLING REQUIREMENTS?  POD  BOL

**BANK INFORMATION**

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 TELEPHONE# \_\_\_\_\_ FAX NUMBER \_\_\_\_\_  
 CONTACT PERSON \_\_\_\_\_  
 CHECKING ACCOUNT# \_\_\_\_\_ SAVINGS ACCOUNT # \_\_\_\_\_

**PAYMENT MAY BE MADE BY CHECK, CASH OR EFT**

DAVIS CARTAGE COMPANY WITHHOLDS THE RIGHT TO REFUSE ANY APPLICATION WHICH DOES NOT MEET OUR CREDIT STANDARDS OR WHICH HAS BEEN PREPARED INCLUDING ANY FALSE INFORMATION. WE DO NOT DISCRIMINATE BY REASON OF RACE, RELIGION, SEX, MARITAL STATUS, HANDICAP, AGE OR NATIONAL ORIGIN IN SERVICES OR ACCOMMODATIONS OFFERED OR PROVIDED TO OUR EMPLOYEES, CLIENTS OR GUESTS.

This application does not require the customer to use our Freight Services. I hereby authorize the release of all credit information concerning my accounts to DAVIS CARTAGE COMPANY. All information released will be kept confidential.

NAME & TITLE \_\_\_\_\_  
 (please type or print)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**CREDIT TERMS NET 30 DAYS**

Notwithstanding the 15 day credit provisions as contained in part 1322 of Title 49 Code of Regulations, failure to make payment of freight charges by the payer (Debtor) thereof shall be subjected to the following:

- \* Failure to make payment of freight charges within thirty (30) days of presentation of the freight bill as provided in Part 1322 of Title 49 Code of Federal Regulations shall result in the assessment of a late payment charge of one and one half percent per month (eighteen percent per annum) on the unpaid balance
- \* Failure to make payment of the freight charges and late payment charges as provided above within 60 days of the presentation of the freight bill, may result in carrier taking legal action against the debtor. When such legal action is taken, carrier will charge freight plus accrued interest, and any additional fees, including legal fees and court awarded charges incurred by the carrier to effect collection of freight charges. Receipts showing payment or payments due will be furnished by the carrier.