

| COMPANY INFORMATION | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Company Name | |
| DBA (if different from above) | |
| Address | |
| City, State, Zip | |
| Phone | Fax |
| E-Mail | Website |
| Federal Tax ID# | |
| BILLING INFORMATION | |
| Accounts Payable Contact: | Phone |
| Billing Address | |
| City, State, Zip | |
| Billing Email: | |
| PO#/Reference Required? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| TRADE REFERENCE #1 | |
| Company | Contact Name |
| Phone | Email |
| Address | City, State, Zip |
| TRADE REFERENCE #2 | |
| Company | Contact Name |
| Phone | Email |
| Address | City, State, Zip |
| TERMS | |
| Bills are sent weekly. All delivery bills are payable within 10 days of invoice and if not paid by the within that time period are considered past due. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department. <input type="checkbox"/> Agree | |
| REPRESENTATIONS | |
| I represent that the above information is true and is given to induce to extend credit to the applicant. My company and I authorize to make such credit investigation as sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to any and all information concerning the financial and credit history of my company and myself. <input type="checkbox"/> Agree | |
| LIABILITY RELEASE STATEMENT | |
| Our liability for loss or damage to your shipment is limited to your actual damage or \$100.00, whichever is less, unless you pay for and declare a higher authorized value. We shall make all reasonable effort for prompt delivery but assume no responsibility for delivery at a given time or loss arising from late delivery. <input type="checkbox"/> Agree | |
| FORM COMPLETED BY | |
| Full Name: | |
| Title: | Date: |

Please return by: Fax (619) 330-4827, or E-Mail contactus@northstarcourier.net