



Credit Application and Agreement

BILLING ADDRESS		PHYSICAL ADDRESS	
Company Name:		Company Name:	
Street Address:		Street Address:	
City, State, Zip Code		City, State, Zip Code	
Phone:	Fax:	Phone:	Fax:
Email:		Email:	
GENERAL INFORMATION			
Federal Tax ID#:		If incorporated, specify state and date of incorporation:	
Type of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other (please specify)			
President/Owner:		Controller:	
AP Contact:		AP Email:	
Has ownership changed in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No		No. of years in business:	
TERMS & CONDITIONS			
<p>The applicant(s) executing this Application and Agreement (*Customer*) hereby agree(s) that payment for all services is subject to the following terms and conditions:</p> <ol style="list-style-type: none"> 1. Customer agrees to Global Shipping Company, LLC, Terms & Conditions located on the internet at www.shipgsc.com/forms.asp. 2. Customer agrees that all amounts due are payable Net 15 days from date of invoice. 3. In the event the Account becomes delinquent and is turned over for collection, Customer agrees to pay all costs of collection including reasonable attorney fees and court costs. 4. Customer authorizes the company: Global Shipping Company, LLC and its vendors to investigate all credit history, bank references and any other information required to process this application and as it deems necessary in the future. 			
Bank name:		Bank contact:	
Phone number:		Account number:	
Line of credit account #:		Account number:	
Authorized signer's name (type or print):			
Authorized signer's title (required):		Date:	
Authorized signers telephone (required):		Authorized signers email (required):	
Authorized signature (required):			
NOTE: Shipments via air are subject to inspection			
Global Shipping Company servicing station (applicant or station MUST complete otherwise application will be denied):			
Global Shipping Company sales rep:		Account number (to be completed by corporate):	

Return completed application via the following methods:

1. **By faxing to (513) 934-4592 ATTN: Customer Credit Mgmt**
2. **By scanning and emailing to info@shipgsc.com**