



## 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:<br><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?<br><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"> <li><b>Customer agrees to Global Shipping Company, LLC, Terms &amp; Conditions located on the internet at <a href="http://www.shipgsc.com/forms.asp">www.shipgsc.com/forms.asp</a>.</b></li> <li>Customer agrees that all amounts due are payable <b>Net 15 days</b> from date of invoice.</li> <li>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.</li> <li>Customer authorizes the company: <b>Global Shipping Company, LLC and its vendors</b> to investigate all credit history, bank references and any other information required to process this application and as it deems necessary in the future.</li> </ol> |      |   |      |
| 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):                      |      |
| <b>Authorized signature (required):</b>  |      |   |      |
| <b>***NOTE: Shipments via air are subject to inspection***</b>   |      |   |      |
| <b>Global Shipping Company servicing station (applicant or station MUST complete otherwise application will be denied):</b>  |      |   |      |
| <b>Global Shipping Company sales rep:</b>  |      | <b>Account number (to be completed by corporate):</b>     |      |

**Return completed application via the following methods:**

- By faxing to (513) 241-3719 ATTN: Customer Credit Mgmt**
- By scanning and emailing to [info@shipgsc.com](mailto:info@shipgsc.com)**