



Office 619.867.0350  
 Fax 619.867.0354  
 Toll free 844.236.7760  
 shipZION.com

## CREDIT APPLICATION

Company Name		DBA	
Billing Address		Physical Address	
City/State/Zip		City/State/Zip	
Federal Tax ID #		D&B #	
Phone #		Fax #	
Established Date		Years in Business	

**Amount of Credit Seeking/Required**      \$

TYPE OF BUSINESS			
Corporation: EIN #		Sole Proprietors: Name	
Date of Incorporation		Date Started	
State of Incorporation		Social Security #	

SUBSIDIARY/SOLE PROPRIETOR OR PARTNERSHIP

Parent Name		Principals Name	
Parent Address		Home Address	
Phone #		Phone #	

MORTGAGE HOLDER/LANDLORD

Name		Address	
Phone #		Account #	

BANK REFERENCES			
Bank Name		Bank Contact Name	
Address		Phone #	
Account #		Loan #	

TRADE REFERENCES			
Company Name		Contact Name	
Address		Phone #	
Company Name		Contact Name	
Address		Phone #	
Company Name		Contact Name	
Address		Phone #	

### CREDIT AGREEMENT

Credit Terms are Net 30 on receipt of Invoice. Outstanding balances are subject to 1.5% per month interest from original due date. I agree to pay any collection costs incurred to collect the account balance including court costs, collections fees, and attorney's fees up to and including 33% of the amount outstanding.

I undersigned represents that the above information is true and correct as of the date thereof. I am aware that falsification of any information may result in denial of credit by NT. My signature below indicates my permission of NT to obtain credit information from the referenced sources.

<b>Officers Name</b>		<b>Officer Signature</b>	
<b>Officers Title</b>		<b>Date</b>	