



**CREDIT APPLICATION FOR A BUSINESS ACCOUNT**

**BUSINESS CONTACT INFORMATION**

Business Name		Date business commenced	
Contact Name and Title		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	Any Additional Comments:
Phone   Fax			
E-mail			
Address, City, State ZIP Code			
Commodity:			
Number of shipments expected per week:		Tax Identification Number	

**BUSINESS AND CREDIT INFORMATION**

How long at current address?		Bank name:	
Accounts Payable Contact Name		Address, City, State ZIP Code	
Accounts Payable Email		Phone	
Phone		Account number	
Requested Credit Amount		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

**BUSINESS/TRADE REFERENCES**

Company name		Phone	
Contact Name		Fax	
Address, City, State & Zip Code		E-mail	
Type of account		Other	
Company name		Phone	
Contact Name		Fax	
Address, City, State & Zip Code		E-mail	
Type of account		Other	
Company name		Phone	
Contact Name		Fax	
Address, City, State & Zip Code		E-mail	
Type of account		Other	

**AGREEMENT**

- All invoices are to be paid 15 days from the date of the invoice.
- Claims arising from invoices must be made within 24 hours.
- By submitting this application, you authorize Best Yet Logistics Inc., to make inquiries into the banking and business/trade references that you have supplied.
- Invoice will be sent by email only.
- A signed and completed W-9 form must be accompanied with credit application in order to begin processing.

**SIGNATURES**

Signature		Name / Title		Date	
Signature		Name / Title		Date	