



APPLICATION FOR CREDIT
CUSTOMER ACCOUNT INFORMATION

www.shipmld.com
2975 Oates Street, Suite#20
West Sacramento, California 95691

Account Name: _____
1. Address: _____
2. City: _____ State: _____ Zip Code: _____

CREDIT APPLICATION

3. Accounts Payable Contact: _____ () _____
Name Title Phone #
4. Accounts Payable Decision Maker: _____
5. Title: _____ Telephone #: _____
6. Payment Cycle: _____ Daily: _____ Wkly: _____ Bi-Weekly _____ Monthly _____
7. Primary Bank: _____ Branch: _____ Telephone #: _____
8. City: _____ State: _____ Zip: _____ Bank Acct #: _____
9. Second Bank: _____ Branch: _____ Telephone #: _____
10. City: _____ State: _____ Zip: _____ Bank Acct #: _____
11. Credit References:
a. Name: _____ Telephone #: _____
b. Name: _____ Telephone #: _____
c. Name: _____ Telephone #: _____
d. Name: _____ Telephone #: _____
12. Credit Amount Requested \$ _____ Requested Terms of Payment: _____

NOTE: AUDITED FINANCIAL STATEMENT MAY BE REQUIRED

- MyLogisticsDept is authorized to obtain trade and bank references.
- All accounts are payable within 30 Day Terms.
- MyLogisticsDept may cancel credit without notice.
- Amount exceeding the approval credit limit is payable in advance.
- MyLogisticsDept may charge interest at 2% per month on overdue accounts.
- All business is conducted under MyLogisticsDept Standard Trading Conditions.

I, the undersigned officer, apply for credit under the above terms:

Name Title:

Signature Date

For Internal use only

D & B REPORT

14. Approved by: _____ Amount: _____ Date: _____
15. Credit Amount Installed: _____ Terms: _____ Date: _____ By: _____