



Erie Union Station  
 1406 Peach Street  
 Erie, PA 16501  
 Phone: 866 LOG PLUS  
 Fax: 814-690-2000

## Customer Credit Application

ACCOUNT INFORMATION											
Date:					Sales Person:						
Account Name:					Also Known As:						
Owner/CEO:					Email:						
Street Address:					Web Site:						
City:				State:			Zip Code:			Tax ID:	
Tel:				Fax:			Email:				
Billing Address (If Different):											
City:				State:			Zip Code:				
CONTACT INFORMATION											
ACCOUNTING DEPARTMENT CONTACT INFORMATION					ACCOUNTS PAYABLE CONTACT INFORMATION						
Contact:					Contact:						
Tel:			Fax:			Tel:			Fax:		
Email:					Email:						
TRADE REFERENCES											
Company Name:					Company Name:						
Tel:			Fax:			Tel:			Fax:		
BANK REFERENCES											
Bank Name:					Bank Name:						
Tel:			Fax:			Tel:			Fax:		
Does your company have any special requirements to process invoices for payment?											



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### TERMS OF PAYMENT / STATEMENT

Logistics Plus, Inc. typical customer Term of Payment is Net 30 Days from date of invoice, provided the credit application is approved. Alternative terms may be offered if the application is incomplete or the applicant's credit score does not meet Logistics Plus, Inc. standards. We reserve the right to charge customers finance charges of 1.5% per month, or the highest rate permitted by law, on any past due amounts. Additionally, any costs incurred for the collection of charges beyond the Terms of Payment, through litigation or independent collection resources are the sole responsibility of the customer, including reasonable attorney fees and Court costs. Should litigation be required with this account, filing will occur in the Court of Common Pleas of Erie County, Pennsylvania or in the United States District Court for the Western District of Pennsylvania and shall be subject to the Commonwealth of Pennsylvania Law.

### CREDIT APPLICATION

I (We) understand and agree to the above stated Terms of Payment and I (We) authorize Logistics Plus, Inc. to verify and investigate all information provided on this credit application

<b>Name:</b>		<b>Title:</b>	
<b>Signature:</b>		<b>Date:</b>	

### INSTRUCTIONS

**Note:** Must be submitted by owner or officer of the company.

<b>Please mail completed form to:</b>	<b>Please fax completed form to:</b>
Attn: Accounts Receivable Department 1406 Peach Street Erie, PA 16501	Attn: Accounts Receivable Department (814) 690-2000