

Application for Credit

Complete all fields, sign on page 2, and return to Styline Logistics by email or fax.

COMPANY INFORMATION

Company Name		DBA (if applicable)	
Shipping Address	City	State	Zip Code
Billing Address	City	State	Zip Code
Business Phone	Business Fax	Email	
Date Business Commenced	Federal Tax ID Number	D&B (DUNS) Number	
Organization Type			
☐ Public Corporation ☐ Private Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietorship ☐ Government ☐ Other:			

ACCOUNTS PAYABLE CONTACT

Contact Name	Phone Number	Fax Number
Email		

BANK INFORMATION

Bank Name	Business Phone	Business Fax	
Address	City	State	Zip Code
Checking Account #	Savings Account #	Other	

TRADE REFERENCES

Reference 1

Company Name	Business Phone	Business Fax	
Address	City	State	Zip Code

Reference 2

Company Name	Business Phone	Business Fax	
Address	City	State	Zip Code

Reference 3

Company Name	Business Phone	Business Fax	
Address	City	State	Zip Code

TERMS & AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. A late payment charge of 1.0% per month applies to unpaid balances, as permitted by law.
4. By submitting this application, you authorize Styline Logistics to make inquiries into the banking and references you have supplied.

The information on this application is for the purpose of obtaining credit and is warranted to be accurate and true. I hereby authorize the release of all information from the above companies to Styline Transportation pertaining to our credit and financial responsibility and authorize OFS Brands Holdings Inc (Styline Transportation) to collect and verify information from consumer and/or commercial credit reports.

My/our signature attests financial responsibility, ability and willingness to pay and also acknowledges receipt of the standard terms and conditions of sale of Styline Logistics and acceptance of these terms and conditions. Should I/we become delinquent in payment of any sum due hereafter, Styline Logistics shall not be further obligated to continue performance. I/we shall pay all reasonable cost and expenses including Attorney and Collection Fees incurred by Styline Logistics in collection of any amounts due for services performed. I/we also acknowledge the right of Styline Logistics to refuse to extend additional credit to the undersigned at any time in the future and without prior notice.

AUTHORIZED SIGNATURE

Signature	Title
Printed Name	Date