



Customer Credit Application

**Indicates required field*

Business Name *

Address *

Line 1

Phone Number *

Fax

Line 2

Fed ID # *

City

State

If division/subsidiary, name of Parent Co. *

Zip Code

Country

Website *

Date Business Started *

Type of Business *

Annual Sales *

Credit Limit: Amount (\$) Requested

Primary Logistics/shipping contact *

Email *

Phone *

Type of commodity you ship *

Primary Pick up Location/s *

City

State

Primary Delivery Location/s *

City

State

Type of Equipment needed *

Full loads / LTL: *

Number of loads per month: *

Credit References: List (3) - Preferably Transportation Creditors

1 - Company Name *	1 - Contact Name *	1 - Phone Number *	1 - Email *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 - Company Name *	2 - Contact Name *	2 - Phone Number *	2 - Email *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 - Company Name *	3 - Contact Name *	3 - Phone Number *	3 - Email *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Bank Reference

Institution * <input type="text"/>	Bank Contact * <input type="text"/> <small>Name</small>	<input type="text"/> <small>Phone Number</small>
Bank Street Address <input type="text"/>	<input type="text"/> <small>Email</small>	
<input type="text"/> <small>City</small>	<input type="text"/> <small>State</small>	<input type="text"/> <small>Zip Code</small>
		<input type="text"/> <small>Country</small>
Checking Account # * <input type="text"/>	Savings Account # * <input type="text"/>	

Has this business or any affiliated business of yours filed for bankruptcy? *

Indicate:

No

If Yes, please provide additional information

Billing Information

Business Name (if different than above) <input type="text"/>	Accounts Payable Contact * <input type="text"/> <small>Name</small>	<input type="text"/> <small>Phone Number</small>
Billing Address <input type="text"/>	<input type="text"/> <small>Email</small>	
<input type="text"/> <small>Street</small>	<input type="text"/> <small>Zip Code</small>	<input type="text"/> <small>Country</small>
<input type="text"/> <small>City</small>	<input type="text"/> <small>State</small>	

Customer Billing Requirements

Please select the billing methods in which you want to be billed: *

- Email (no BOL or other supporting documents provided).
- USPS Mail
- Fax
- Customer's website/portal

Provide additional information

Please select if any additional documents or data are required: *

- Bill of Lading #
- Other

Provide identify specific support documents or data (such as BOL #, ref code, etc.)

Customer Affidavit

This information is given to obtain an open account status. The person signing this application agrees to the following: the company he/she represents will make full payment to Elleven Logistics, LLC upon the agreed upon invoice terms; permission is granted to Elleven Logistics, LLC to inquire about this company's credit worthiness from any source; the company he/she represents will pay all collections/attorney's fees if this account is placed for collection; the company he/she represents must notify Elleven Logistics, LLC in writing, and by certified mail of any change in ownership, the name, or the business structure under which credit is established; he/she has authority to bind the company he/she represents and the information contained herein is complete and accurate.

Authorized Signer *

First and Last Name

Title

Authorized Signature *

please submit completed form to: accounting@ellevenlogistics.com