417 Grand Ave., Ste. 202
South San Francisco, CA 94080
1stchoicelogistics.us

Main: 415-590-0211
Fax: 415-869-3728
accounting@1stchoicelogistics.us

FCL
1ST CHOICE
L O G I S T I C S

CREDIT APPLICATION

Company Legal Name		DBA	
Billing Address		Physical Address	
City/ State/ Zip		City/ State/ Zip	
Federal Tax ID #		Contact Name	
Phone #		FAX #	
Email address		Website	

Requested Credit Amount - This field must be complete for processing.	$

TYPE OF BUSINESS

DUNS Number		Owner/ Principal' s Name		Business Entity Type	
Date of Incorporation		Year in Business		Current Customer Y/N	
State of Incorporation		Nature of the Business			

PRIMARY CONTACT INFORMATION

Name		Title	
Phone #		Email Address	
Mailing Address		Invoice Recipt Preference	

BILLING CONTACT INFORMATION

Name		Email Address	
Phone #		Fax #	

BANK REFERENCES

Bank Name		Bank Contact Name	
Address		Phone #	
Email Address		Type of Account(s)	

TRADE REFERENCES

Company Name		Contact Name	
Address		Phone #	
Company Name		Contact Name	
Address		Phone #	
Company Name		Contact Name	
Address		Phone #	

CREDIT AGREEMENT

I hereby certify the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Credit Terms are Net 15 upon receipt of invoice. Outstanding balances are subject to 1.5% per month interest from original due date. I agree to pay any collection costs incurred to collect the account balance including court costs, collections fees, and attorney' s fees.

Officer' s Name		**Officer Signature**	
Officer' s Title		**Date**	