

CREDIT APPLICATION



BUSINESS CONTACT INFORMATION

Company Name:

Parent company (if any):

Phone: Fax: E-mail:

Address:

City: State: ZIP Code:

Date business commenced:

Sole proprietorship: Partnership: Corporation: Other:

BANKING INFORMATION

Primary business address:

City: State: ZIP Code:

How long at current address?

Telephone: Fax: E-mail:

Bank name:

Bank address: Phone:

City: State: ZIP Code:

Type of account Account number

Savings

Checking

Other

BUSINESS/TRADE REFERENCES

Company name:

Address:

City: State: ZIP Code:

Phone: Fax: E-mail:

Type of account:

Company name:

Address:

City: State: ZIP Code:

Phone: Fax: E-mail:

Type of account:

Company name:

Address:

City: State: ZIP Code:

Phone: Fax: E-mail:

Type of account:

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. By submitting this application, you authorize Jade Logistics to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURE

Name: Signature:

Title: Date:

1333 Northland Dr. Ste. 210 Mendota Heights, MN 55120

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