

# Republic Logistics Credit Application

CONTACT INFORMATION	
YOUR NAME	TITLE
EMAIL	PHONE

BUSINESS INFORMATION AS REGISTERED			
COMPANY NAME			
ADDRESS		PHONE	
CITY	STATE	ZIP CODE	
LENGTH OF TIME AT CURRENT ADDRESS: _____ YEARS _____ MONTHS		D&B # _____	
TYPE OF BUSINESS : SOLE PROPRIETORSHIP   PARTNERSHIP   LLC   CORPORTATION   OTHER			

BANK INFORMATION			
BANK NAME		CONTACT NAME	
ADDRESS		PHONE	
CITY	STATE	ZIP CODE	
TYPE OF ACCOUNT	ACCOUNT NUMBER		
SAVINGS			
CHECKING			
OTHER			

BUSINESS REFERENCES
Please provide us at least three other companies your business has established credit with previously

1   COMPANY	CONTACT NAME		
PHONE	EMAIL		
ADDRESS	TITLE		
CITY	STATE	ZIP CODE	
COMMENTS			

2   COMPANY	CONTACT NAME		
PHONE	EMAIL		
ADDRESS	TITLE		
CITY	STATE	ZIP CODE	
COMMENTS			

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Continue on to next page ...	PAGE 1 OF 2
BUSINESS REFERENCES	
Continued from previous page ...	

3   COMPANY		CONTACT NAME	
PHONE		EMAIL	
ADDRESS		TITLE	
CITY	STATE	ZIP CODE	
COMMENTS			

4   COMPANY		CONTACT NAME	
PHONE		EMAIL	
ADDRESS		TITLE	
CITY	STATE	ZIP CODE	
COMMENTS			

CREDIT AGREEMENT	
1   All invoices must be paid within 30 days of the date issued	
2   Any claims regarding an invoice issued must be made within 7 days of the date issued	
3   You authorize inquiry into the banking and business references provided within this application	

COMPANY REPRESENTATIVES			
1   SIGNATURE		TITLE	
NAME		DATE	

2   SIGNATURE		TITLE	
NAME		DATE	

NOTES & COMMENTS	

	PAGE 2 OF 2
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