

CREDIT APPLICATION FOR A BUSINESS ACCOUNT**BUSINESS CONTACT INFORMATION**

Title:			
Company Name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:	State	ZIP Code:	
How long at current address?			
Phone:	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 due upon receipt. Interest charges of 1½ percent per month of balance will be charged after 30 days.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize River Place Logistics to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:	Title:
Date:	Date: