



4915 E. Colonville Road
 Clare, MI 48617
 Phone 989-386-7556
 Fax 989-386-9922

FREIGHT MANAGEMENT ♦ SCHEDULED FREIGHT ♦ WAREHOUSING ♦ EXPEDITED FREIGHT ♦ AIR CARGO

CREDIT APPLICATION

Billing Address:
 Co. Name: _____ Phone: _____
 Address: _____ Fax: _____
 City, State: _____ Email: _____
 Federal Tax ID Number: _____ Michigan State Tax ID Number: _____
 Dun & Bradstreet Number: _____

Shipping Address: { } Please check here if this is a Thrid Party Bill To
 Co. Name: _____ Years at this address: _____
 Address: _____ Phone: _____
 City: _____ Fax: _____
 Type of Business: { } Partnership { } Proprietorship { } Incorporated: State _____

Finance:
 Bank Name: _____ Phone: _____
 Contact: _____ Fax: _____
 Branch: _____ DUNS #: _____
 Address: _____ Acct. #: _____
 City: _____

Business-Related References:
 1. Name: _____ Phone: _____
 Contact: _____ Fax: _____
 Address: _____
 City: _____
 2. Name: _____ Phone: _____
 Contact: _____ Fax: _____
 Address: _____
 City: _____
 3. Name: _____ Phone: _____
 Contact: _____ Fax: _____
 Address: _____
 City: _____

Please use extra sheets as needed.

Special Invoice Requirements: _____
 Shipping & Receiving Hours: _____
 Shipping Contact: _____
 Shipping Phone: _____
 Accounts Payable Contact: _____ Phone: _____
 Fax: _____
 Accounts Receivable Contact: _____ Phone: _____
 Fax: _____

We herein make application to Northern Logistics for credit and / or to update and reconfirm our existing account and balance with Northern Logistics. Applicants give their permission to Northern Logistics to verify the information stated herein. If credit is granted, We promise to pay all bills rendered within the terms specified on the invoice.

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

Upon Completion Please Fax to:
 NORTHERN LOGISTICS

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