



EVERLAST LOGISTICS/ ETI LOGSTICS, INC  
CREDIT APPLICATION & AGREEMENT

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Billing Address: (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Main Telephone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Parent Company (if applicable): \_\_\_\_\_

Parent Company Address: \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_

Check One:  Corporation  Partnership  Sole Proprietor  Other

Name of Principals: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ A/P Phone Number: \_\_\_\_\_ - \_\_\_\_\_

What is the amount of estimated monthly credit required? \_\_\_\_\_

How frequently are vendor checks issued?  Bi- Weekly  Weekly  Twice or more weekly.

What is the number of days between receipt of invoice and actual mailing of check to vendor? \_\_\_\_\_

Check which documents are required to process payment:

Bill of Lading  Invoice  Proof of Delivery  P.O. #  Other Ref #'s

**\*Bank Information** (Include wire transfer details on international partner accounts.)

Bank Name: \_\_\_\_\_ Bank Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Bank Routing Number: (ABA): \_\_\_\_\_ Account No: \_\_\_\_\_

Bank Contact Telephone No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Bank Contact Fax No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Credit References**

(1) Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip \_\_\_\_\_

Contact Telephone No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Contact Fax No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(2) Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip \_\_\_\_\_

Contact Telephone No: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Contact Fax No: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

(3) Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip \_\_\_\_\_

Contact Telephone No: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Contact Fax No: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**TERM AND CONDITIONS**

The applicant(s) executing this Application and Agreement (“Customer”) hereby agree(s) that payment for all services is subject to the following terms and conditions should account privileges be granted:

1. Customer agrees that all amounts due for services provided by ETI Logistics, Inc. or Everlast Logistics are payable at 2600 Main Street Extension, Sayreville, NJ 08872
2. Customer agrees that all amounts due are not payable in installments, but are payable Net 10 days upon receipt of invoice. Company reserves the right to demand payment of all outstanding and past due freight charges as a pre-condition for releasing any shipment(s) at destination. This right includes the right to demand payment upon delivery of any shipment(s) at any time, if any amount due is not paid within said period.
3. No claim with respect a shipment, any part of which is received by the consignee, will be entertained until all transportation and other related charges have been paid to Carrier. Shipper may not deduct the amount of any claim from those charges.
4. In the event the Account becomes delinquent and is turned over for collections, Customer agrees to pay all reasonable attorney’s and collector’s fees, plus all attendant collection/court costs.
5. Customer agrees to notify the Company by certified mail of any changes in owner ship of Customer and further agrees to be liable for all losses incurred as a result of failure to comply with said notifications.
6. Customer authorized the Company and/or its Credit Agency(s) to investigate all credit history, bank references and any other information required to process this application and as it deems necessary in the future.

**Agreed To:**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_