G&D Integrated℠

Smart. Efficient. Logistics.

P. O. Box 5029
Morton, IL 61550
(309) 284-6740
Fax (309) 266-1448

Application Date: _____

CREDIT APPLICATION

MC # _____ D&B # _____

Company Information

Company Name: _____

Corporate Address: _____

Billing Adddress: _____

City: _____ State: _____ Zip Code: _____

Company Contact: _____ Phone: _____

Accounts Payable Contact: _____ Phone: _____

Fax: _____ E-Mail Address: _____

Bank Information

Bank Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Account Number: _____

Credit References

Company Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Company Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

In support of this application, G & D Integrated is hereby authorized to obtain credit information from our bank, other financial institutions or commercial firms with whom we have done business. It is understood that any such credit information will be held in strict confidence and used only in consideration of this application. Upon approval of this application, we understand your credit terms and agree to the conditions stated as follows: Our Standard Terms are net 30 days. Should we not pay G & D Integrated in accordance with these terms, it is understood that credit priviledges may be withdrawn. It is further understood that a delinquency rate of 1.5% per month could be imposed for past due and that we are liable for all legal and collection fees, if necessary. It is also understood that no claim will be processed until all transportation and related charges are paid in full. **This credit application must be signed by a financial officer of the company: president, CFO, treasurer,controller, etc.**

I HAVE READ THE TERMS OF THIS APPLICATION AND AGREE TO ABIDE BY THE CONTENTS SET FORTH.

_____ _____ _____

COMPANY OFFICER TITLE DATE