

Customer Setup Form:

Credit Application and Terms/Conditions of Shipment

*Indicates a required field

*ACCOUNT INFORMATION												
Date:					LP Contact:							
Account Name:					Also Known As:							
Owner/CEO:					Email:							
Street Address:					Web Site:							
City:			State:			Zip Code:			Tax ID:			
Tel:			Fax:			Email:						
Billing Address (If Different):												
City:			State:			Zip Code:						
*CONTACT INFORMATION												
ACCOUNTING DEPARTMENT CONTACT INFORMATION					ACCOUNTS PAYABLE CONTACT INFORMATION							
Contact:					Contact:							
Tel:			Fax:			Tel:			Fax:			
Email:					Email:							
TRADE REFERENCES												
Company Name:							Company Name:					
Tel:			*Fax:			Tel:			*Fax:			
*Email:					*Email:							
BANK REFERENCES												
Bank Name:							Bank Name:					
Tel:			Fax:			Tel:			Fax:			

All invoices will be sent via email unless we are advised otherwise. Please let us know if you have any special invoicing requirements.

AGREEMENT TERMS

1. Logistics Plus, Inc. typical customer Term of Payment is Net 30 Days from date of invoice, provided the credit application is approved. Alternative terms may be offered if the application is incomplete or the applicant's credit score does not meet Logistics Plus, Inc. standards.
2. Signatory agrees to the Logistics Plus, Inc. Terms and Conditions of Shipping, found at <https://www.logisticsplus.com/about-us/terms-conditions/terms-conditions-shipping/>
3. A finance charge of 1.5% per month, or the highest rate permitted by law, will be charged on any past due amounts. Additionally, any costs incurred for the collection of charges beyond the Terms of Payment, through litigation or independent collection resources are the sole responsibility of the customer, including reasonable attorney fees and Court costs.
4. Should litigation be required with this account, filing will occur in the Court of Common Pleas of Erie County, Pennsylvania or in the United States District Court for the Western District of Pennsylvania and shall be subject to the Commonwealth of Pennsylvania Law.
5. Signature below is an acceptance of terms and conditions set forth in this agreement and certification that the information on this form is correct. The signature also authorizes Logistics Plus, Inc. to make inquiries into the banking and business/trade references that you have provided.

SIGNATURE

*Name:		*Title:	
*Signature:		*Date:	

INSTRUCTIONS

Note: Must be submitted by owner or officer of the company.

Please email completed form to:

customersetup@logisticsplus.com

Please fax completed form to:

Attn: Accounts Receivable Department
814-461-7645