

# SLC Nationwide, Inc MC 319427

(Doing business as...)



Thank you for choosing SLC Nationwide as your transportation partner. This credit application will be used to establish credit. Please email to [chris@shipslc.com](mailto:chris@shipslc.com)

Business Name: \_\_\_\_\_

DBA: \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Person & Title Completing the form: \_\_\_\_\_

Contact Tel# & Email: \_\_\_\_\_

Other Contact #'s \_\_\_\_\_

Is this Corporate/Main Office? \_\_\_\_\_

If no, address & Contacts: \_\_\_\_\_

Federal Tax ID# \_\_\_\_\_

Date Established? \_\_\_\_\_

D-U-N-S # \_\_\_\_\_

Is your business Licensed? License #: \_\_\_\_\_

Ownership \_\_\_\_\_

Partnership: Corporation: LLC

Principles Name: \_\_\_\_\_

Email & Direct Tel or Mobile# \_\_\_\_\_

Principles Name: \_\_\_\_\_

Email & Direct Tel or Mobile# \_\_\_\_\_

CFO, Controller, AP Mgr: \_\_\_\_\_

Email & Direct Tel or Mobile# \_\_\_\_\_

Number Employees (apprx) \_\_\_\_\_

Annual Freight Spend? \_\_\_\_\_

Has the firm or any of its principles declared bankruptcy? \_\_\_\_\_

In consideration for the extension of credit, said business promises to pay for all purchases/services within the terms agreed (Net 15 days) and agrees to pay a service charge of 1.5% per month (18% annual percentage rate) on all past due balances over 30 days and a one-time fee of 3% of the any balance over 60 days. Said business acknowledges that any disputes of charges must notify SLC within 10 days of receipt of invoice. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this agreement on behalf of the business identified. All amounts due for purchases are payable to SLC Nationwide, Inc at **93 Hasgate Drive, Delmar, NY 12054**. It is further agreed that this agreement is entered in the state of New York and is governed by the laws of the state of New York. I/We hereby authorize SLC Nationwide, Inc to investigate all references and customary credit information sources including consumer credit reporting repositories regarding my/our credit and financial responsibility for the purpose of obtaining credit and for periodic review for the purpose of maintaining the credit relationship. SLC Nationwide, Inc automatically reports all receivables to credit reporting agencies.

(Name of Business) \_\_\_\_\_

(Print Name) \_\_\_\_\_

(Title) \_\_\_\_\_

(Date) \_\_\_\_\_

(Signature) \_\_\_\_\_

---

## Payment Guarantee

In consideration for SLC Nationwide, Inc extending credit to the business or person identified below for any materials and/or services after this date at the request of applicants or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to SLC Nationwide, Inc by the business identified below whether said sums are due under open account, contract or otherwise.

It is understood and agreed that credit, is to be on a continuing basis and may exceed estimated maximum credit limit required as stated in the credit agreement between SLC Nationwide, Inc and the business or person named below. SLC Nationwide, Inc shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waives demand, notice of defaults and any extension of time or any other forbearance, which may be extended by SLC Nationwide, Inc.

This guaranty shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested is received by SLC Nationwide, Inc. Said notice shall specify the date on which this guarantee is to be terminated; said date not to be less than seven days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

Date Print Name

(Name of person guaranteeing payment, NO TITLE)

Home Address:

Home Phone:

SS#:

Signature of Person Guaranteeing Payment:

Name of Business whose account is guaranteed:

---

## Your Requirements & Paperless options

**We want to make this is easy as possible for you! Please tell us and we will adapt our systems to yours.**

Accounts Payable Contact:

AP email

Can we go paperless and email?

Average days we can expect payment?

Do you want to use a Credit Card? (If yes, See Below)

Do you Wire or ACH payments?

Do you take advantage of Early Pay Discounts?

PO or Order #'s required? Please explain,:

Do you use an outside payment agency? Please provide info and requirements:

Comments or info:

---

# Authorization for Credit Card Use

Please complete and sign and return to:

[Chris@shipslc.com](mailto:Chris@shipslc.com)

Name on Card:

---

Billing Address:

---

Card type:      Visa       Mastercard       Discover       Amex

Card # :

---

Expiration Date:

---

Verification CVV Number

(Amex 4 digits on Front, all others 3 digits on back):

---

Please Check one:

Amount to Charge (USD) \$

---

Automatically charge my card within 7 days from invoice date.

---

I authorize SLC Nationwide, Inc to charge the amount above to the credit card provided herein. I am the cardholder, or I am authorized to make charges to the credit card provided above.

Signature:

---

Date

---

Print Name:

---