

# 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 [ap@shipslc.com](mailto:ap@shipslc.com)

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

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

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

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

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

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

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

If no, please describe: \_\_\_\_\_

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

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

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

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

Type of Company \_\_\_\_\_

Partnership:  Corporation:  LLC

- In consideration for the extension of credit**, said business herein referred to as "CUSTOMER" promises to pay SLC Nationwide (dba Ship SLC) herein referred to as 'BROKER" 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 BROKER 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.
- Limits of Liability.** It is understood and agreed that SLC Nationwide (DBA Ship SLC) is acting as a Broker and is not acting as a carrier, and that BROKER is not liable for loss, damage or delay in the transportation of customer's property unless and authorized representative agrees to such liability in writing prior to tender. In no event shall BROKER's maximum liability for loss or damage to cargo exceed \$1.50 per pound per shipment \*\*Shippers Interest Cargo insurance can be purchased individually for each shipment as primary coverage. BROKER shall help CUSTOMER file a claim with the carrier or it's insurance company. At BROKERS discretion or as a courtesy, if payment of claim is made by BROKER to CUSTOMER, CUSTOMER automatically assigns its rights and interest in the claim to BROKER so as to allow BROKER to subrogate its loss. Note, the claimed amount is determined as your cost of goods or acquisition cost, not the resale or replacement value unless agreed in writing. CUSTOMER is required to provide all documentation as requested by BROKER or carrier or their insurers to support (prove) the amount claimed.
- INDEMNIFICATION.** CUSTOMER shall defend, indemnify and save BROKER, its affiliated entities, and the directors, officers, employees and agents of BROKER from and against any and all damages, losses, costs, expenses, claims, demands, liabilities, suits, or actions (including reasonable attorney fees) arising out of injuries to or the death of any person(s), or arising out of loss or damage to property of any person(s), arising out of or resulting from the negligent acts or omissions or willful misconduct of CUSTOMER or any of its agents, subcontractors, or employees.

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

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

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

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

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



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## 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)

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Home Address:

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Home Phone:

SS#:

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Signature of Person Guaranteeing Payment:

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Name of Business whose account is guaranteed:

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## 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.**

Principal or Owner name:

Email & Mobile #

CFO, Controller or AP Manager name:

Email & Mobile #

Number of Employees (Apprx)

Annual Freight Spend?

Credit amount Requested.

Has Firm or principals declared bankruptcy?

Accounts Payable contact:

AP Email (to send invoices):

Average Days we can expect payment?

Do you want to use a Credit Card? \*See next page

Do you wire or ACH payments?

Do you take advantage of early pay discounts?

PO or Order # required? Please tell us.

Do you use 3<sup>rd</sup> Party paying agents? Please provide detailed information and process.

Comments:



## Authorization for Credit Card Use

Please complete and sign and return to:

[ap@shipslc.com](mailto:ap@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: \_\_\_\_\_