



New Customer: To apply for a credit account, please complete this application and return it to Evergreen Shippers LLC. All information is held in confidence. If you have any tax exempt status, attach the appropriate tax certificate. Please print/write legibly; it saves time. Once completed fax back to (509)321-4384.

SHIPPER CREDIT APPLICATION AND PROFILE FORM

Company Name _____

Address _____

City/State/Zip _____

Billing Address (If different) _____

Phone _____ Fax _____

Email _____ Federal ID number _____

Shipping Contact _____ Payable contact _____

Special Billing Requirements _____

BANK INFORMATION

Name of Bank _____

Contact Person _____ Phone Number _____

Account Number(s) _____

DUNS# _____

THREE CARRIER REFERENCES

Carrier _____ Phone _____

Carrier _____ Phone _____

Carrier _____ Phone _____

I understand the following and will abide by Evergreen Shippers, LLC company policies:

1. Notify Evergreen Shippers LLC of any changes in ownership, name, address, phone number, etc.
2. If granted credit, our company agrees to pay our freight bills within 30 days of receipt.
3. Our company's financial condition is satisfactory and we will meet all financial obligations.
4. I authorize the release of credit information to Evergreen Shippers LLC, which will be held in strict confidence by Evergreen Shippers LLC.
5. It is agreed that our account will become C.O.D, if we fail to pay within terms.
6. We acknowledge that the amount past due will be charged interest at the maximum legal rate.
7. If legal collections are required, we will reimburse Evergreen Shippers, LLC for its attorney costs.
8. I am an authorized representative of the company and have the authority to execute this document.

Signature _____ Date _____

Print Name _____

Agent's Name _____

Evergreen Shippers LLC
13323 N. Mayfair Ln
Spokane, WA 99208
TELEPHONE 509-321-4380 FAX 509-321-4384