



CREDIT APPLICATION / NEW CUSTOMER SETUP

All fields must be completed with any supporting documents forwarded with request form

CUSTOMER DETAILS

Company Name: _____

Type of Business: Corporation Partnership Proprietorship **Federal ID#:** _____

If Corporation; States of Corporation _____ Name as listed: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

TRANSPORTATION CONTACT

Name: _____ Title: _____

Email: _____ Phone: _____ Fax: _____

ACCOUNTS PAYABLE CONTACT

Name: _____ Title: _____

Email: _____ Phone: _____ Fax: _____

INVOICING DETAILS

Purchase order requested (PO):	___	Yes	___	No
Bill of lading requested with invoice (BOL):	___	Yes	___	No
Freight bill requested with invoice (FB):	___	Yes	___	No

List other required documents to accompany invoice(s):

Indicate special invoicing requirements:

Invoices Emailed:	___	Yes	___	No	Email Address: _____
Statements Emailed:	___	Yes	___	No	Email Address: _____

The above information is for the purpose of obtaining credit and is warranted to be true and correct. I/we hereby authorize United Petroleum Transports (UPT) to investigate my/our credit and financial responsibility. I/we hereby authorize my/our banks, trade references, and credit bureau agencies (ID needed) to release to UPT. any information required to process the request for credit extension. Applicant's signature attests financial responsibility, ability, and willingness to pay UPT. invoices in accordance with the terms and conditions stated in this application. In the event of non-payment, customer agrees to pay reasonable collection fees, attorney fees and court costs incurred to collect unpaid debt in addition to the balance due. Signatory also confirms Review of payments instructions for Wire/ACH transactions and email remittance, as well as access to UPT's Transportation Motor Carrier/Shipper Agreement.



TRADE REFERENCES (List three references that are not EFT or COD)

1. **Company Name:** _____ Account # _____

Street Address: _____ City: _____ St: _____ Zip: _____

Contact Name: _____ Email: _____ Phone: _____ Fax: _____

2. **Company Name:** _____ Account # _____

Street Address: _____ City: _____ St: _____ Zip: _____

Contact Name: _____ Email: _____ Phone: _____ Fax: _____

3. **Company Name:** _____ Account # _____

Street Address: _____ City: _____ St: _____ Zip: _____

Contact Name: _____ Email: _____ Phone: _____ Fax: _____

CREDIT TERMS: Our open account terms are Net 30 Days from product delivery date. Any and all accounts over 30 days in aging may accrue a services charge at the rate of 3.5% per month (18% annual) on open balances. I/We authorize OTL-UPT to investigate the references listed above pertaining to my/our credit and financial responsibilities. *The undersigned hereby agrees that should a credit account be opened, and in the event of default in the payment of any amount due, and if such account is submitted to a collection authority, to pay any additional charges equal to the cost of collection including court costs and attorney fees.*

Signature: _____ Date: _____

Print Name & Title: _____

Signature: _____ Date: _____

Print Name & Title: _____

By selecting SIGNATURE ADAPTION AND SIGN, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

Signature Adaption
and Sign

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