



Credit Application & Agreement

NEW CUSTOMER INFORMATION

Company Name: _____ Date: _____ MC #: _____

A/P Contact: _____ Phone: _____

Email: _____ Fax: _____

Supervisor name: _____ Phone: _____

Email: _____ Fax: _____

Mailing Address: _____
Street City State Zip

Website/Portal: _____

Type of Ownership: Corporation ____ Partnership ____ Sole Proprietorship ____ Other ____

Affiliated Companies: _____

Type of Business: _____ Year Business was Started: _____

President/Owner: _____ Phone: _____

Chief Financial Officer: _____ Phone: _____

AUTHORIZATION

I hereby authorize the release of all information requested by Select Dedicated Solutions LLC. pertaining to the above account number and any other accounts held at the above financial institution and authorize Select Dedicated Solutions LLC to make inquiries into the information provided.

Print Company Name: _____ Date: _____

By: _____
Signature of Authorized Party and Title

Print Name of Authorized Party



CREDIT AGREEMENT

By signing this Agreement I acknowledge and guarantee payment in reference to any service done By _____ within 30 days of the day Invoice is received and approve
By (business name) _____.

1. I agree and accept responsibility for payment of every outstanding invoice.
2. I understand all payments are to be made payable, to Wells Fargo Bank P.O. BOX 208605 Dallas, TX 75320-5434 if electronically, use Account#: 7897244609 / ABA#: 111900659
REFERENCE: Select Dedicated Solutions, LLC
3. I agree we are entitled to a credit limit and acknowledge we will not exceed it unless otherwise agreed to by Select Dedicated Solutions in writing.
4. It is my responsibility to notify Select Dedicated Solutions of any address, phone, name, or email changes. (Notification must be promptly made to billing@selectds.net or call 956-790-9090 ext. 223)
5. I understand any payment returned by banking institution for "Insufficient Funds", "stop payment", "account close" or any other reason will immediately cause the account to become delinquent and thereafter placed on a Collection status and "CREDIT HOLD" (NO LOADS SHALL BE DONE UNTIL PAYMENT IS REFLECTED) which may include referral to a collection agency)
6. I agree if any open balance reached over 60 days carrier may file against our bond.
7. I agree to pay each invoice issued by Select Dedicated Solutions LLC. Within thirty (30) days from the date of the invoice, the day Select Dedicated Solutions LLC actually receives the payment is the date the invoice is considered paid.

Print Company Name: _____ Date: _____

By: _____
Signature of Authorized Party and Title Print Name of Authorized Party



TRADE REFERENCES

Please complete the following information for four trade references or attach a sheet with the same information to the credit application.

Company Name: _____ Contact: _____

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

Phone: _____ Fax: _____ Account No: _____

Company Name: _____ Contact: _____

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

Phone: _____ Fax: _____ Account No: _____

Company Name: _____ Contact: _____

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

Phone: _____ Fax: _____ Account No: _____

AUTHORIZATION

I (we) hereby authorize the above name references to release information requested by Select Dedicated Solutions LLC and authorize Select Dedicated Solutions LLC to make inquiries into the references supplied.

Print Company Name: _____ Date: _____

By: _____

Signature of Authorized Party and Title

Print Name of Authorized Party



CREDIT DEPARTMENT USE ONLY

Date: _____

Line of Credit: **Approved / Denied**

Amount \$ _____

Comments: _____

DOCUMENTS REQUIRED FOR SETUP

- W9
- BROKER AUTHORITY
- BOND INSURANCE