

Submit to:
AR@Porterpipe.com



401 S. Rohlwing Rd.
Building-B
Addison, Illinois 60101
630.543.8145

CREDIT APPLICATION

NAME OF COMPANY: _____ DATE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

TELEPHONE # (____) ____ - _____ BILLING EMAIL ADDRESS: _____

COMPANY WEBSITE: _____

TYPE OF BUSINESS: _____ FEDERAL ID: _____

YEARS IN BUSINESS: _____

USDOT NUMBER: _____ (if applicable) MC NUMBER _____ (if applicable)

METHOD OF PAYMENT TO BULLDOG CARTAGE: ACH _____ CHECK _____

PURCHASE ORDER NUMBER REQUIRED FOR INVOICES: YES _____ NO _____

NAME OF OFFICER OR OWNER:

NAME: _____ TITLE: _____

% OF OWNERSHIP: _____ STREET: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY # ____ / ____ / ____ CELL PHONE # (____) ____ - _____

EMAIL ADDRESS: _____

PENDING LITIGATION: _____ *If Yes, Details:* _____

BANKRUPTCY FILED: _____ *If Yes, Date, City & State of Filing:* _____

FORMER/PRESENT AFFILIATED COMPANIES: _____

HOW RELATED: _____

OFFICE USE ONLY

DATE RECEIVED: _____

APPROVED BY: _____

CREDIT LIMIT: _____

DECLINED BY: _____

SALES REP: _____

CREDIT AND TRADE REFERENCES:

NAME	ADDRESS	ACCOUNT NUMBER
------	---------	----------------

TELEPHONE NUMBER	EMAIL ADDRESS	CONTACT PERSON
------------------	---------------	----------------

NAME	ADDRESS	ACCOUNT NUMBER
------	---------	----------------

TELEPHONE NUMBER	EMAIL ADDRESS	CONTACT PERSON
------------------	---------------	----------------

NAME	ADDRESS	ACCOUNT NUMBER
------	---------	----------------

TELEPHONE NUMBER	EMAIL ADDRESS	CONTACT PERSON
------------------	---------------	----------------

The information contained in this Application is provided for the purpose of obtaining or maintaining credit with you. The undersigned understands that you are relying on the information provided herein in deciding to grant or continue credit. The undersigned represents and warrants that the information provided is true and complete and that you may consider it as continuing to be true and correct until a written notice of change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary including but not limited to pulling consumer credit reports on any owners or principals of the company in order to verify the accuracy of the statements made herein to determine my credit worthiness. The undersigned hereby agrees that any disputes arising out of this agreement or goods and merchandise ordered or delivered pursuant hereto will be governed and settled under applicable principles of the **State of Illinois** law, under jurisdiction of Illinois Courts and that venue in any such action shall be in the **County of DuPage**.

NOTE: It is understood by signing this application I am acknowledging and accepting that a service charge will be added to past-due invoices each month in the amount of 1.5% (annual rate 18.0%). Customer agrees to pay all costs of collection, including attorney fees. Merchandise may not be returned without prior authorization of **Bulldog Cartage, LLC**.

By signing this application, I acknowledge that I have read and understand the Net 30 Day Terms of Sale and agree to abide by them.

DATE: _____

COMPANY NAME: _____

SIGNATURE: _____

PRINTED NAME: _____

TITLE: _____

