



5347 William Flynn Hwy  
2nd Floor  
Gibsonia, PA 15044

PHONE (724) 449-3300  
FAX (724) 449-3320



**For Knichel Logistics Use Only:**

Salesperson: \_\_\_\_\_

Sales Code: \_\_\_\_\_

Office: \_\_\_\_\_

Date: \_\_\_\_\_

Credit Approval: \_\_\_\_\_

Customer Number: \_\_\_\_\_

**CREDIT APPLICATION & AGREEMENT**

Customer Name \_\_\_\_\_ How Did You Hear About Us? \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Billing Name (if different) \_\_\_\_\_  
 Billing Address ( if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
 Accounts Payable Contact \_\_\_\_\_  
 Accounts Payable Email \_\_\_\_\_  
 List Any Documents To Be Sent With Invoice \_\_\_\_\_  
 Woman or Minority Owned (if yes, please specify) \_\_\_\_\_  
 Date Business Began? \_\_\_\_\_

Partnership  
 Corporation and/or LLC  
 Individual: SSAN \_\_\_\_\_

DUNS # \_\_\_\_\_  
 Type of Business \_\_\_\_\_  
 Do you operate under another name?  YES  NO  
 If yes, please list \_\_\_\_\_

**Owners** (if applicant is a sole proprietor or partnership – list **social security numbers**) or **Officers** (if a corporation or LLC):

Name	Title	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Bank Reference:**

Bank Name _____	Account Number _____
Address _____	Phone Number _____
Contact _____	Fax Number _____

**List 3 Active Trade References:**

Name/Contact Person	Telephone Number	Fax Number	Email Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant authorizes Knichel Logistics, to obtain credit information about Applicant verbal or written, from the above named references. If credit is extended, Applicant agrees to pay for all freight and related services arranged or provided by Knichel Logistics at the rates specified and confirmed at the date of each shipment, or date that other services are provided. Payments shall be due within 30 days of invoice date. Applicant's payment obligations to Knichel Logistics shall not be subject to the receipt of payment by Applicant from any other party. In the event of non-payment or other violation of this Credit Application & Agreement, Applicant will: Pay 1% per month service charge on all past due amounts: Pay all collection costs including reasonable attorney fees. Knichel Logistics reserves the right at any time to alter or suspend credit or change credit terms provided herein in its sole discretion. Cash payment may be required at any time before service is provided. Applicant represents that the person signing this credit application is expressly authorized to do so, that it is binding on applicant, and consents to legal action in any state in which Knichel Logistics has offices and is conducting business, and with which Applicant has entered into an agreement for the transportation of freight and/or other related services. This Credit Application & Agreement is expressly incorporated by this reference, into all transportation and other related agreements entered into by the parties. Applicant certifies and represents that all information provided to Knichel Logistics is true and correct, and that the Applicant expressly intends Knichel Logistics to rely upon it. Applicant grants permission to Knichel Logistics to contact any or all references, trade and bank, at any time before or after extending credit to Applicant, and that the bank(s) is authorized to disclose account numbers, changes in account numbers (including without limitation closing of any account), as well as account names, balances, and account histories. Knichel Logistics agrees that all credit information will be kept confidential.

Customer's \_\_\_\_\_ Date \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Title \_\_\_\_\_

Please fax a copy to the Credit Department at (724) 449-3320, but please mail the original copy to:  
 Knichel Logistics, Attn: Accounts Payable, 5347 William Flynn Hwy., 2nd Floor, Gibsonia, PA 15044