



# USC INTERMODAL SERVICES, INC.

1041 E. 230<sup>th</sup> St. Carson, California 90745 Phone: 310.522.1900 Fax: 310.522.1925

## Credit Application and Agreement

Legal name of business: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

How long at this address: \_\_\_\_\_ if less than two years please show:

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Is Location owned/rented: \_\_\_\_\_

Landlord name and number: \_\_\_\_\_

What line of business are you in: \_\_\_\_\_

Number of years under this name: \_\_\_\_\_

Corporation  Limited Partnership  Partnership  Individual

Other \_\_\_\_\_

### OFFICERS

Names of Owners, Officers, or Partners:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Social Security# \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Social Security# \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Social Security# \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If company is a subsidiary please provide name of parent company: \_\_\_\_\_

Federal Tax ID# \_\_\_\_\_ Dun & Bradstreet# \_\_\_\_\_

### Credit Information:

Annual sales: \$ \_\_\_\_\_ # of employees: \_\_\_\_\_ Net worth of company: \$ \_\_\_\_\_

### BANK REFERENCES

Name	Account #	Fax #	Phone #	Contact

Name/Address	Fax #	Phone #	Contact

Contact person for Accounts Payable: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

How will you prefer to receive invoices? By mail: \_\_\_\_ Email: \_\_\_\_ EDI \_\_\_\_\_

Please mail invoices to: \_\_\_\_\_

Please email invoices to: \_\_\_\_\_

This is a Application and Agreement for credit and shall apply to any and all credit extended by USC Intermodal Services, Inc. The credit applicant understands and agrees to the following terms and conditions of sale:

1. For transportation terms of sale are net 15 days, all others net 30 days. \*Agents or Representatives of USC Intermodal Services, Inc are not authorized to change or adjust credit terms without written authorization of the CFO.
2. All claims against invoices must be made within 30 days after receipt of service.
3. Copies of lost or misplaced invoices provided to the applicant may be subject to a \$20.00 charge.
4. NSF check will be subject to a \$25.00 charge.
5. Failure to comply with these Terms and Conditions may result in cancellation of credit privileges without notice. In the event of any default, USC Intermodal Services, Inc may (a) close the account and/or (b) accelerate payment of the full balance.
6. Upon determination that the customer's creditworthiness has change d adversely or does not satisfy current credit standards, USC Intemodal Services, Inc. may close or lower the limit of the account.
7. USC Intermodal Services, Inc reserves the right to hold freight or service pending payment in full.
8. When account balance exceeds approved credit limits, all subsequent shipments will be driver collect and due at time of pickup or delivery of freight.
9. Any collection costs including court fees and attorney fees will be added to the invoice.
10. The undersigned authorizes all banks and vendors to release information to FDSI that FDSI may require to reach a credit decision.
11. The information given in this Application and Agreement is warranted to be true and correct and given for purpose of obtaining credit
12. Interest may be charged at the rate of 1.5% per month on any bills which exceeds 30 days.

Date: \_\_\_\_\_ Signe d By: \_\_\_\_\_ Title : \_\_\_\_\_

**APPLICANT AGREES TO ALL TERMS AND CONDITIONS ABOVE**

**“Together We Can”**

<b>Credit Application and Agreement</b>		
Office use only:		
Approval By: _____	Date: _____	Customer# _____
Credit limit Amt: _____	Net terms: _____	