



357 Longbush, Lane Webster, NY 14580

(585) 368-5643

FAX: (585) 368-5650

Customer Credit Application

Company Name _____
Address _____
City/State/Zip _____
Billing Address (if different) _____
Phone _____ Fax _____
E-mail _____ Federal ID Number _____
Shipping Contact _____ Payables Contact _____
Special Billing Requirements _____

Bank Information

Name of Bank _____
Contact Person _____ Phone _____
Account Number(s) _____
DUNS Number _____

Three Carrier references

Carrier _____	Contact _____	Phone _____
Carrier _____	Contact _____	Phone _____
Carrier _____	Contact _____	Phone _____

I understand the following and will abide by G First Logistics policies:

1. Notify G First Logistics of any changes in ownership, name, address, phone number, etc.
2. If granted credit, our company agrees to pay our freight bills within 20 days of receipt.
3. Our company's financial condition is satisfactory and we will meet all financial obligations.
4. I authorize the release of credit information to G First Logistics which will be held in strict confidence.
5. It is agreed that our account will become C.O.D. if we fail to pay within the stated terms.
6. In the event of a dispute arising out of this agreement or any questions concerning the construction, interpretation, validity and enforceability of this agreement, whether in a court of law or by arbitration, shall be governed by and construed and enforced in accordance with the laws of the State of Delaware, without giving effect to any choice or conflict of law provision or rule that would cause the laws of any other jurisdiction to apply. The prevailing party shall be entitled to recovery of costs, expenses and reasonable attorney fees.
7. I am an authorized representative of the company and have the authority to execute this document.

Signature _____ Date _____

Print Name _____

Complete this form and fax to G First logistics at 585-368-5650

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