



SELLAND AUTO TRANSPORT, INC.
 615 South 96th Street • Seattle, WA 98108
 (206) 767-5960 • Fax (206) 767-0604

APPLICATION FOR CREDIT

Fill out form completely and return.

COMPANY INFORMATION

Name of Individual _____ Telephone _____

Company Name/DBA/AKA _____ Fax _____

Billing Address _____ City _____ State _____ Zip _____

Delivery Address _____ City _____ State _____ Zip _____

Accounts Payable Contact _____ Credit Limit Desired _____

Years in Business _____ Years at this Address _____ Do you have multiple shipping locations? Yes _____ No _____ If so, please attach list.

Purchase Order Required? Yes _____ No _____ Person(s) authorized to place orders: _____

Have you ever had an account with **SELLAND AUTO TRANSPORT, INC.** before? Yes _____ No _____ If yes, please list all account names and locations.

SURETY BOND INFORMATION

Company: _____ Telephone: _____ Bond No: _____

Ownership: Corporation _____ Partnership _____ Sole Proprietorship _____ Federal ID # _____

Name of Principal(s) _____ Title _____

Social Security Number _____ Phone _____

Home Address _____ City _____ State _____ Zip _____

Name of Principal(s) _____ Title _____

Social Security Number _____ Phone _____

Home Address _____ City _____ State _____ Zip _____

Have you ever filed bankruptcy? Yes _____ No _____ If yes, when? _____

Explain: _____

(To be completed by Motor carriers or Transportation Brokers Only):

Type of Business _____ ICC MC Number _____ Please attach copy of current insurance certificate.

BANK REFERENCE

Bank Name _____ Account Number _____

Bank Officer _____ Telephone _____

Branch _____ Fax _____

Address _____ City _____ State _____ Zip _____

CONTINUE ON REVERSE SIDE

BUSINESS REFERENCES (If you already have a pre-printed reference form, you may send it instead of completing this section.)

(1) Name _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Contact _____ Account Number _____

(2) Name _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Contact _____ Account Number _____

(3) Name _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Contact _____ Account Number _____

TERMS AND CONDITIONS

I (We) promise to pay my (our) account in full within 7 days of delivery. I (We) also agree to pay any applicable billing and late charges, and service charges at the rate of 1.5% on the unpaid balance over 30 days. If this account is placed in the hands of a collection agency, I (we) agree to pay any and all collection charges and reasonable attorney's fee, and I (we) further agree that the venue of any suit may be laid in King County, Washington. You are hereby authorized to contact any or all of the above references regarding our credit standing; we certify that all the information on this form is correct. We fully understand your credit terms are net 7 days, and agree to the proper payment in consideration of extended credit.

Date _____ Print Name: _____

Signature: _____

Title: _____

In consideration of the extension of credit to the applicant by Selland Auto Transport, Inc., the undersigned individual(s) does (do) hereby agree to the above terms and conditions, and assumes personal responsibility for payment of said applicant's account. It is understood that credit could not be extended without this assumption of liability.

Date _____ Signature: _____

Social Security # _____ Print Name: _____

Date _____ Signature: _____

Social Security # _____ Print Name: _____

INCOMPLETE APPLICATIONS MAY DELAY THE EXTENSION OF CREDIT.