



*Delivering Trust
Delivering Service
Delivering Freight*

Date _____ 20 ____

Billing Information

Legal Business Name _____

Street Address _____

City _____ State _____ Zip Code _____

Accounting Contact Name _____ Phone number _____

Fax Number _____ Email Address _____

Tax ID Number _____ Business Entity (Corp, LLC etc.) _____

Years in Business _____ State Incorporated _____ Dun & Brad # _____

Estimated Amount of Monthly Credit Desired \$ _____

Physical Address if Different from Above

Street Address _____

City _____ State _____ Zip Code _____

Operations Contact Name _____ Ops Phone Number _____

Operations Fax Number _____ Ops Email Address _____

Principal, Officer or Partners

Name _____ Title _____ Phone Number _____

Email Address _____ Fax Number _____

Type of Business

Forwarder ____ Custom House Broker ____ Property Broker ____ Commercial Shipper ____



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Trade Reference 1

Company Name _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Contact _____ Phone Number _____ Fax Number _____

Trade Reference 2

Company Name _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Contact _____ Phone Number _____ Fax Number _____

Trade Reference 3

Company Name _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Contact _____ Phone Number _____ Fax Number _____

Bank Reference

Bank Name and Branch Office _____

Address _____ City _____ State _____ Zip _____

Contact _____ Phone Number _____ Fax Number _____

Account Number _____ Account Type _____



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Signature of this Credit Application authorizes the release of credit information for the purpose of obtaining credit

Signature of this Credit Application acknowledges acceptance of the Terms and Conditions of Service as described on our website at www.kellyfreightservices.com including but not limited to:

1. The application of the standard \$.50 per lb. (fifty cents per pound) per article limit of liability
2. Indemnification of Kelly Freight Services, Inc its employees, agents, carriers or contractors in the event your customer demands greater payment for claims and or special or consequential damages.
3. Payment terms and conditions.

Signature of Officer _____ Title _____ Date _____

Print Name _____ Title _____

Credit approved by _____ Date _____ Credit Limit _____

Revised 1/04/2010