



Submit

Reddaway Credit Risk Management 7729 SW Mohawk St. Bldg H Tualatin, OR 97062

CONFIDENTIAL CREDIT APPLICATION AND ACKNOWLEDGEMENT OF TERMS

BUSINESS INFORMATION

Legal Business Name _____

Division or Subsidiary of _____

Business Address _____

City _____ State _____ Zip/Postal Code _____ Country _____

Phone _____ Fax _____

Business Email Address _____

Nature of Business _____ Years in Business _____ Fed. Tax I.D. No. _____

Trade Name or DBA/AKA, if applicable _____ D-U-N-S # _____

Type of Business Corporation Partnership Sole Proprietor Limited Partnership
 Limited Liability Corporation Other _____

If a business entity, please provide full names and home addresses of officers, partners, or owners if you want such information to be considered:

Name	Title	Residence Address	Home Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The individual(s) whose information is provide above, who is either a partner or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, by his or her execution below consents to and authorizes the use of a consumer credit report of such individuals by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.

The undersigned has filed or has not filed for or been the subject of a bankruptcy as a company or as an individual.
Has filed Chapter 7 Chapter 11 Chapter 13 Date filed _____

All orders are subject to credit approval. The undersigned acknowledges that the extension and maintenance of credit to the undersigned is at the sole discretion of Carrier(s).

All information must be provided in order to complete the application process.

INVOICING/BILLING INFORMATION

The default invoicing method is via email unless otherwise noted.

Check here if you prefer EDI 210 Invoicing

** Email Address used to accept electronic invoices (up to 3 can be provided) _____

Individual name or Department responsible for payment of freight charges _____

Mailing Address (if different than the business information) _____

City _____ State _____ Zip/Postal Code _____ Country _____

Phone _____ Extension _____ Fax _____ Email _____

Does your company prefer to pay by EFT or ACH?

Invoicing Requirements – Please provide any invoicing requirements _____

CURRENT FINANCIAL STATEMENTS, TRADE, AND BANK REFERENCES MAY BE REQUIRED WITH THIS APPLICATION OR AT A LATER TIME IF DEEMED NECESSARY BY CREDIT RISK TO MAKE A DECISION REGARDING CREDIT AVAILABILITY.

SECURITY INSTRUMENTS OR DEPOSITS MAY BE REQUIRED WITH THIS APPLICATION OR AT A LATER TIME IF DEEMED NECESSARY BY CREDIT RISK TO MAKE CREDIT AVAILABLE TO THE APPLICANT.

The applicant acknowledge(s) the payment terms of Carrier(s) to be: **All accounts are due and payable 15 days from invoice date; and agrees to remit payment in accordance therewith.** In the event of a change in the Applicant’s credit condition, Carrier(s) reserves the right to apply security to delinquent balances, and/or to require additional security as deemed appropriate. The undersigned further acknowledge(s) that the foregoing payment terms are subject to change without notice.

The applicant agrees that in order to induce Carrier(s) to extend credit, the proper venue and situs for any legal action brought by either party arising out of this Application shall be the District Court of Johnson County, Kansas or the U.S. District Court for the District of Kansas located in Wyandotte County, Kansas.

ACKNOWLEDGEMENT OF RESPONSIBILITY: IN ORDER TO INDUCE CARRIER(S) TO PROVIDE CREDIT TO THE APPLICANT, AND IN CONSIDERATION OF SUCH CREDIT BEING EXTENDED, THE APPLICANT AGREES THAT IN THE EVENT CREDIT ISSUED PURSUANT TO THIS APPLICATION IS NOT RE-PAID IN ACCORDANCE WITH THE ABOVE-REFERENCED PAYMENT TERMS, THE APPLICANT AGREES TO REIMBURSE CARRIER(S) FOR ALL COSTS, EXPENSES, CHARGES, AND FEES EXPENDED BY CARRIER(S) IN EFFECTING COLLECTION, INCLUDING BY WAY OF ILLUSTRATION, COLLECTION AGENTS' FEES, ATTORNEYS' FEES, FILING FEES, ETC., TOGETHER WITH INTEREST THEREON AND ON THE AMOUNT DUE AT 18% PER ANNUM COMPOUNDED MONTHLY OR AT THE HIGHEST RATE OF INTEREST PERMITTED BY APPLICABLE LAW, WHICHEVER IS LESS.

The applicant is applying for extension of credit. The above information, which the applicant warrants to be true and correct, is submitted as a basis for considering this Application. Carrier(s) is authorized to investigate relationships with trade suppliers or financial institutions for the purpose of establishing credit.

By completing this Signature line, I agree that the signature will be the electronic representation of my signature for all purposes.

Signature of Office/Member/Partner/Principal _____ Date _____

Printed Name of Office/Member/Partner/Principal _____

Title _____



To expedite the processing of the credit application, click Submit. The completed form can be also emailed to Reddaway.CreditApps@yrcw.com.