

Reviewed by:

Date Reviewed:

New Customer Form

Phone:248-287-7080 Fax: 866-512-8288 www.gosls.com

Please email completed and signed form to CSR@gosls.com

Terms Approved:

Company Information							
Legal Company Name:							
Trade Name (s):							
Address:							
City:			Zip:				
Phone:	Fax:						
Billing Address:							
ity:			Zip:				
Type of Company: C Corp Sub S Corp	LLC	Partnership	Proprietorship	Other			
Bankruptcy: Yes No If Yes when filed?		Chapter 11	Chapter 7	Other			
Date Incorporated:		Dun & Bradstreet No (DUNS No.):					
State of Incorporation:		Fed Tax ID Number:					
Website:	Pare	Parent Company Name:					
Estimated Annual Sales:		Requested Credit Limit:					
Requested Terms:		Standard terms are Net 15. A request for longer terms will be evaluated in conjunction with the credit application					
Contact Information							
Accounts Payable:		Email:					
Phone:		Fax:					
Purchasing:	Emai	Email:					
Phone:		Fax:					
Consent Agreement							
The undersigned hereby consents to TForce Worldwide's use of a non-evaluate the credit worthiness of the undersigned as principal(s), proporedit as contemplated by this credit application. The undersigned hereundersigned from time to time in connection with the extension or corundersigned as [an] individual(s) hereby knowingly consent to the use contained in 15 U.S.C. @1681 et seq. In consideration of the extension liability for payment of amounts due TForce Worldwide. If TForce Wor all reasonable costs and expenses incurred in collection including, but the then maximum legal rate. By signing this agreement, applicant ack past due invoices are subject to interest charges of the lessor of 18% prelease of credit information concerning our company that TForce Worldwide.	rietor(s) and the service of such crown of credit and the service of c	nd/or guarantor(s) in connect rize(s) TForce Worldwide to ut of the business credit represe edit report consistent with the and establishment of a credit a st take action to collect any b to, reasonable attorney's fee a payment will be made accord or the maximum allowable leg	ion with the extension or tilize a consumer credit rented by this credit applie e Federal Fair Credit Reprace account, applicant acknoral alance owing, applicant es, court costs, and intered ding to quoted terms on	f business eport on the cation. The orting Act as wledges agrees to pay est thereon at invoice. All			
Authorized Signature:	Title	Title: Date:					
For TEM/M Purposes only							

Credit Approved:



Trade References

Company Name:

New Customer Form (P2)

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City:		State:		Zip:	
Contact Name:		Title:			
Email:		Phone:			
Company Name:					
City:		State: Zip:		Zip:	
Contact Name:		Title:			
Email:		Phone:			
Company Name:					
City:		State:		Zip:	
Contact Name:		Title:			
Email:		Phone:			
Bank References					
Name of Bank:		Contact Name:			
City:		State & Zip:			
Phone:		Fax:			
Customer Name:		Account Number:			
We hereby authorize our bank, named above, to release complete credit information to TForce Worldwide. This includes information on depository accounts and any borrowing relationship we may have. This authorization shall remain in effect until written notice is received from an authorized signer.					
Financial Statements					
For a requested credit limit in excess of \$10,000, please attach a copy of your most recent fiscal year-end financial statements, including balance sheet, income statement, and cash flow report. This information is essential to the extension of credit. Be assured that any information which you provide will be used solely to evaluate your creditworthiness.					
Authorized Signature:	Title:		Date:		
For TFWW Purposes only					
Reviewed by:	Credit Approved:		Terms Approved:		
Date Reviewed:					