



350 Benigno Blvd.  
 Bellmawr, NJ 08031  
 856.931.5500  
 www.uslogisticsnj.com

# Commercial Credit Application

**CUSTOMER NAME**

--

**SHIPPING ADDRESS**


**CITY**

STATE		ZIP

**SHIPPING HOURS**

<b>FROM</b>	<b>TO</b>
<b>CREDIT LIMIT REQUESTED \$</b>	
Terms requested:	

**BILLING (IF DIFFERENT FROM ABOVE)**

--

**ADDRESS**


**CITY**

STATE		ZIP

**A/P CONTACT PERSON**

--

**PHONE**

**FAX**

--	--

**EMAIL ADDRESS A/P**

--

**OTHER EMAIL**

--

**TYPE**

**DATE STARTED**

**STATE**

<b>PROPRIETORSHIP</b>		<b>PARTNERS</b>		<b>CORP</b>		<b>FED.ID OR SS#:</b>	
-----------------------	--	-----------------	--	-------------	--	-----------------------	--

**NAME OF INDIVIDUAL IF USING SOCIAL SECURITY #**

**DUNS #**

--	--

**NAME OF OWNERS OR AUTHORIZED OFFICER**

**TITLE OF OWNER / OFFICER**

--	--

**SIGNATURE OF THE AUTHORIZED PERSON**

--

**PRINT NAME OF PERSON SIGNING**

--

**CURRENT BANK**

**PHONE**

--	--

**CONTACT**

--	--

**USL SALES PERSON**

**DATE**

--	--	--	--

**TOLL FREE: 1-877-572-5500**  
**LOCAL: 856-931-5500 | FAX: 856-632-0147**