



CREDIT APPLICATION

Company Name _____ Billing Address (If Different) _____
DBA _____
Street Address _____
City/State/Zip _____
Phone # _____ Phone # _____
Fax # _____ Fax # _____

Email Address _____ Services Requested: Trucking Forwarding Warehouse Other () _____

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Federal Tax ID# \_\_\_\_\_ Year Established: \_\_\_\_\_ Credit limit requested: \_\_\_\_\_

Type of Corporation \_\_\_\_\_ State of Corporation: \_\_\_\_\_ Partnership\* \_\_\_\_\_ Sole Proprietorship\* \_\_\_\_\_

**\*If you are a Partnership or a Sole Proprietorship and your business is less than 2 years old, please list the name(s) of the Partners or Sole Proprietor and their Social Security Number(s) and date of birth and must sign \*\*\*\*\*personal guarantee below.**

\_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
\_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

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Lender Information: (Please call your Lender and ask them to reply to our information request promptly)

Lender Name: _____ Line of Credit Account Number _____

Contact: _____ Phone: _____ Fax: _____

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**Bank Information: (Please call your Banker and ask them to reply to our information request promptly)**

Bank Name: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax # \_\_\_\_\_

Contact: \_\_\_\_\_

Account #: \_\_\_\_\_ Type of account: \_\_\_\_\_ (Do not list sweep accounts)

Account #: \_\_\_\_\_ Type of account: \_\_\_\_\_

It is understood and agreed that all invoices are due and payable 30 days from the date of the invoice. If any invoices become older than 30 days American West Worldwide Express, Inc., Interlog USA, Inc. (both dba ZLN) have the right to re-evaluate for further credit action, including placing the account on COD status. It is further understood that the customer will pay all reasonable collection costs, attorney fees and court costs if this account is placed for collections. All bills over 30 days are subject to a 5% late penalty and/or discount cancellation (in which case the gross amount is then due and payable). Jurisdiction: Any litigation arising out of or related to this credit application/agreement shall be located in Los Angeles County, CA or Hennepin County, MN. All shipments and services subject to the applicable tariff, service and bill of lading terms and conditions available at [www.awest.com](http://www.awest.com), [www.interlogusa.com](http://www.interlogusa.com) or by contacting the Company.

The undersigned hereby acknowledges to have read and agrees to the terms and conditions of this credit agreement, the above referenced terms and conditions, and also hereby states the information provided in this agreement is to the best of their knowledge true and correct. American West Worldwide Express, Inc., Interlog USA, Inc. (both dba ZLN) are authorized to make any investigation of my/our credit either directly or through a credit reporting agency.

\_\_\_\_\_  
Authorized Signature / Title Date

**\*\*\*\*\* PERSONAL GUARANTEE**

I, the undersigned, am a principal of the above named entity and personally guarantee any liability arising out of that entity's execution of this credit application agreement. I authorize American West Worldwide Express, Inc., Interlog USA, Inc. (both dba ZLN) to make any investigation of my/our credit either directly or through a credit reporting agency.

\_\_\_\_\_  
Authorized Signature / Title Date

NOTE: All applications must be signed in order to be considered, preprinted credit forms are acceptable with signature on this form and a reference to the preprinted form  
Revised 3/14/08



**BANK REFERENCE REQUEST FORM**

Date: \_\_\_\_\_

To: \_\_\_\_\_ Fax: \_\_\_\_\_

RE: \_\_\_\_\_

Acct:   1   \_\_\_\_\_

**\*\*\*\*Please Rush\*\*\*\***

I, \_\_\_\_\_ as an officer of \_\_\_\_\_ am giving authorization to release the bank reference information below to the Credit Department at ZLN/American West/Interlog USA. I understand that the information requested will be held strictly confidential.

\_\_\_\_\_  
Signature/Title



Date Opened \_\_\_\_\_ Type(s) of Acct \_\_\_\_\_

Current Bank Balance \_\_\_\_\_ Avg Bank Balance \_\_\_\_\_

Current Loan Balance \_\_\_\_\_ Avg Loan Balance \_\_\_\_\_

Credit Line Limit \_\_\_\_\_

Account Handled Satisfactorily (Y/N) \_\_\_\_\_

NSF Checks (Y/N) \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_  
Bank Representative

*Please fax back to us at #612-605-9453*