



Credit Application and Agreement

Full name of your company: _____

EIN Number: _____ D&B # & Rating: _____

Monthly Credit Requested: _____

Billing Address: _____

Physical Address: _____

Phone Number: () _____ - _____ Fax Number: () _____ - _____

President: _____ email address: _____

Owner(s): _____ email address: _____

Accounts Payable

Contact: _____ email address: _____

Name of Bank: _____ Contact: _____

Checking Acct #: _____ Line of Credit Acct#: _____

Type of Business (circle one): Corporation Partnership Sole Proprietor Yrs in Business: _____

Business / Trade References

(2 of which must be carriers)

Company Name: _____ Contact: _____

Address: _____

Phone: () _____ email address: _____

Company Name: _____ Contact: _____

Address: _____

Phone: () _____ email address: _____

See next page to continue

Company Name: _____ Contact: _____

Address: _____

Phone: (____) _____ email address: _____

Agreement/Terms and Conditions:

1. All invoices are due upon receipt and are past due if payment is not received within 30 days of invoice date at NorMark of Texas, LLC. 14691 Day Rd, Roanoke, TX 76262.
2. Customer agrees that all amounts due are not payable in installments, and that any outstanding balances and/or invoices owed maybe subjected to a delinquency charge of 1.5% per month, which will be added to past due amount owed.
3. NorMark of Texas, LLC. Reserves the right to demand payment of all outstanding and past due invoices as a pre-condition for releasing any shipment(s) at destination and includes the right to demand payment upon delivery of any shipments at any time.
4. By submitting this application, you authorize NorMark of Texas, LLC. To make inquiries into the banking and business/trade references you have supplied.
5. Application must be signed by an authorized company official attesting to financial responsibility, ability and willingness to pay invoices in accordance with above terms.
6. Customer agrees to notify NorMark of Texas, LLC. by certified mail of any changes in ownership of customer and further agrees to be liable for all losses incurred as a result of failure to comply with said notifications.

Authorized Persons Signature: _____

Title: _____ Date: _____

Print Authorized Persons Name: _____

Send to NorMark of Texas, LLC. Credit Department at:
Fax (817) 742-1041 or 14691 Day Rd, Roanoke, TX 76262 attn: Credit Department