

NEW ACCOUNT APPLICATION

APPLICANT

Film/Corporate Name \_\_\_\_\_ D/B/A \_\_\_\_\_
Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Telephone No. ( ) \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_
D & B # \_\_\_\_\_ Type of Business: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietor \_\_\_\_\_
Date Established \_\_\_\_\_ Amt. of Credit Requested \_\_\_\_\_
Tax Exempt? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, attach Tax Exempt Certificate
Buyer Name \_\_\_\_\_ A/P Contact \_\_\_\_\_
Contact Email Address \_\_\_\_\_ Website \_\_\_\_\_

BANK REFERENCE

Bank \_\_\_\_\_ Contact \_\_\_\_\_
Account Number \_\_\_\_\_ Email Address \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Telephone No. ( ) \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_

TRADE REFERENCES

Company Name \_\_\_\_\_ Contact \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Telephone No. ( ) \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_
Company Name \_\_\_\_\_ Contact \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Telephone No. ( ) \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_
Company Name \_\_\_\_\_ Contact \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Telephone No. ( ) \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_

The parties concur that this Agreement shall be construed according to the laws of the State of Pennsylvania, and any action thereon may be brought in the State of Pennsylvania in Butler County. In consideration of U.S. Liner Company extending credit, we do hereby agree jointly and severally to pay for all goods, wares, and merchandise supplied to use for the above named business. In the event it becomes necessary to place the account with an attorney or collection agency, we agree to pay all costs of collection including reasonable attorney's fees.

As it is my intention to establish an open account with U.S. Liner Company, my signature below grants my permission to my creditors and my banking institution(s) to release all information pertaining to my accounts and the manner in which they are handled. All information provided will be carefully considered and held in the strictest of confidence.

SIGNED AND DELIVERED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

SIGNATURE AND TITLE \_\_\_\_\_

FOR OFFICE USE ONLY
USL Rep \_\_\_\_\_
Credit Limit \_\_\_\_\_
Terms \_\_\_\_\_
Approved by \_\_\_\_\_
Date \_\_\_\_\_ Type \_\_\_\_\_



19 Leonberg Road • Cranberry Township, PA 16066