



A Division of OFS Brands

PO Box 200  
Huntingburg, IN 47542  
P: 800.521.5381  
F: 888-562-3551

## APPLICATION FOR CREDIT

Company Name \_\_\_\_\_ DBA if applicable \_\_\_\_\_

Shipping Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_ Business Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Date Business Commenced: \_\_\_\_\_ Federal Tax ID Number: \_\_\_\_\_ D&B (Duns) Number: \_\_\_\_\_

Organization Type: \_\_\_\_\_  
(Public Corporation, LLC, Private Corporation, Partnership, Sole Proprietorship, Government, Other)

\*Accounts Payable  
Contact Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

## Bank Information

Bank Name \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Business Phone Business Fax

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Checking Account # \_\_\_\_\_ Savings Account # \_\_\_\_\_ Other \_\_\_\_\_



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### Trade References

1. \_\_\_\_\_ ( ) \_\_\_\_\_ ( )  
Company Name Business Phone Business Fax

\_\_\_\_\_  
Address City State Zip Code

2. \_\_\_\_\_ ( ) \_\_\_\_\_ ( )  
Company Name Business Phone Business Fax

\_\_\_\_\_  
Address City State Zip Code

3. \_\_\_\_\_ ( ) \_\_\_\_\_ ( )  
Company Name Business Phone Business Fax

\_\_\_\_\_  
Address City State Zip Code

### Agreement

- 1. All Invoices are to be paid 30 days from the date of the invoice.
- 2. Claims arising from invoices must be made within seven working days.
- 3. A late payment applies for unpaid balances. The charge is 1.0% per month, as permitted by law.
- 4. By submitting this application, you authorize Styline Logistics to make inquiries into the banking and references that you have supplied.

The information on this application is for the purpose of obtaining credit and is warranted to be accurate and true. I hereby authorize the release of all information from the above companies to Styline Transportation pertaining to our credit and financial responsibility and authorize OFS Brands Holdings Inc (Styline Transportation) to collect and verify information from consumer and/or commercial credit reports.

My/our signature attests financial responsibility, ability and willingness to pay and also acknowledges receipt of the standard terms and conditions of sale of Styline Logistics and acceptance of these terms and conditions. Should I/we become delinquent in payment of any sum due hereafter, Styline Logistics shall not be further obligated to continue performance. I/we shall pay all reasonable cost and expenses including Attorney and Collection Fees incurred by Styline Logistics in collection of any amounts due for services performed. I/we also acknowledge the right of Styline Logistics to refuse to extend additional credit to the undersigned at any time in the future and without prior notice.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print

\_\_\_\_\_  
Date



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