

**US Special Delivery, Inc.**

PO Box 207, Iron Mountain, MI 49801

**Credit Application**

Thank you for applying for credit with US Special Delivery Inc. To help us ensure proper billing and to complete our customer file, please complete the following and fax to 906 774 2032 ATTN: Accounts Receivable Department or email to [collections@usspecial.com](mailto:collections@usspecial.com)

**Company Address:**

**Billing Address:**

Business Name

Phone Number

Business Name

Phone Number

Street Address

Fax Number

Mailing Address

Fax Number

City

State Zip

City

State Zip

Type of business:  Corporation  Partnership  Individual  LLC

Number of Years in Business: \_\_\_\_\_

Has your company ever filed for bankruptcy or had legal collection activity taken against it?  Yes  No

A/P Contact: \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

**References:**

**Please provide local carrier reference:**

Carrier

Location

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Please provide two local vendor references:**

Vendor

Location

Phone \_\_\_\_\_

Email \_\_\_\_\_

Vendor

Location

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Please provide Banking Reference:**

Bank

Phone

Email

**This information can be used to determine our ability and willingness to pay bills within the terms:**

Signature

Title

Date

When credit is approved, we will notify you by email, bill according to your instructions above and payment is due upon receipt of invoice.

**I would like my Invoices emailed to me at the following email address (instead of mailed Invoices)**

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