

**KRC Logistics**  
**CREDIT APPLICATION FOR A BUSINESS ACCOUNT**

**GENERAL INFORMATION**

Company name: \_\_\_\_\_  
 Also known as: \_\_\_\_\_  
 Formerly known as: \_\_\_\_\_  
 Corporate address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 ZIP Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Website: \_\_\_\_\_  
 Date business commenced: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 ZIP Code: \_\_\_\_\_  
 Site address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 ZIP Code: \_\_\_\_\_  
 How long at current address?  
 Primary bank name: \_\_\_\_\_  
 Bank contact name/title: \_\_\_\_\_  
 Bank address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 ZIP Code: \_\_\_\_\_  
 Do you have a third party that handles your billing and/or bill paying?  
 How often are your check runs? (weekly, biweekly, monthly, etc)  
 Please indicate special billing/EDI requirements:  
 If yes, who?

**CONTACT INFORMATION**

Primary operational contact name/title: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Secondary operational contact name/title: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Primary accounting contact name/title: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Secondary accounting contact name/title: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 FOR INTERNAL USE (please circle appropriate selections)  
 Effective date: \_\_\_\_\_  
 Czarite discount: rates, charges \_\_\_\_\_  
 Czarite version: \_\_\_\_\_  
 Signed copy of rates and assessors: Y, N \_\_\_\_\_  
 Can we bill the following and if so, when?:  
 Inside delivery: Y, N (all orders, when stated on bill, other \_\_\_\_\_  
 Sort & Segregate: Y, N (all orders, multiple items, other \_\_\_\_\_  
 Unloading: Y, N (all orders, multiple items, large case quantity, other \_\_\_\_\_  
 Order Notify: Y, N (all orders, when stated on bill, other \_\_\_\_\_  
 Handling: Y, N (master bill, each order) \_\_\_\_\_  
 Specific consignee charges: Y, N (attach list) \_\_\_\_\_  
 Lumpers: Y, N (all, provided by # of cases) \_\_\_\_\_  
 Signed POD Required: Y, N \_\_\_\_\_

**SIGNATURES**

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