



Credit Application

P.O. Box 8045 Rockford, IL. 61126
4814 American Road Rockford, IL. 61109

Company Name: _____

Billing Address: _____

Receiving Address: _____

Shipping/Receiving Hours of Operation: _____

Phone #: _____ Fax#: _____

How long in business at this address: _____ Previous Address: _____

Traffic Mgr.: _____ Acct. Payable Contact: _____

Bank Name: _____ Address: _____

Contact Name: _____ Account #: _____

Credit References

Completely fill out the following information or credit with our company will be delayed.

1) Company Name: _____ Address: _____

City & State: _____ Phone#: _____ Fax#: _____

2) Company Name: _____ Address: _____

City & State: _____ Phone#: _____ Fax#: _____

3) Company Name: _____ Address: _____

City & State: _____ Phone#: _____ Fax#: _____

In keeping with the desire to keep services at a maximum and rates at a minimum, the following policy has been adopted: Shipping charges are due and payable within thirty (30) days of receipt of shipment. Freight charges over thirty (30) days old will be considered "past due" and our collection efforts will begin. Should bills be unpaid at sixty (60) days after shipment, future business will be done on a cash only basis.

"Past due" freight bills are subject to a minimum penalty of \$15.00. When the unpaid amount of each freight bill exceeds \$100.00, the penalty charge will be an additional \$5.00 per \$100.00 or fraction thereof.

Carrier liability is limited to .50 cents per pound or \$50 minimum in the absence of a high declared value or the absence of any "declared value". The .50 cents per pound or \$50 minimum is based only on that portion of the consignment to which the loss/damages have occurred.

Print Name: _____ Title: _____

Signature: _____

Authorized Signature of Officer for Credit Check

Please Return to:

TODD SPECIAL SERVICES, Inc.

Attn: Kimberly Anderson

Credit & Collections Department

Fax:815-398-1702 Phone: 800-892-7401 EMAIL: toddcollections@toddtransit.com