

**CREDIT DEPT ONLY**

DATE \_\_\_\_\_  
 CSR \_\_\_\_\_  
 CUST # \_\_\_\_\_

**FAX COMPLETED APPLICATION TO  
 (541) 227-0968**



TERMS: NET 30 DAYS FROM DATE OF INVOICE

Interest on past due balances at the maximum rate allowed by law not to exceed 12% per annum.

**CUSTOMER INFORMATION**

Legal Name of Company \_\_\_\_\_ dba \_\_\_\_\_

Billing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Street Name \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Year Established \_\_\_\_\_ Officer/Owner's Name \_\_\_\_\_

AP Email \_\_\_\_\_ Industry \_\_\_\_\_

(please check one)      Corporation      Sole Proprietor      Partnership      LLC      LLP

**REFERENCES**

Bank \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Address \_\_\_\_\_ Account # \_\_\_\_\_ Checking Savings

Officer \_\_\_\_\_ Account # \_\_\_\_\_ Checking Savings

**PLEASE PROVIDE A LIST OF REFERENCES THAT CURRENTLY EXTEND CREDIT TERMS TO YOUR COMPANY.**

1. Vendor _____ City _____ Phone (____) ____ - ____ Fax (____) ____ - ____	2. Vendor _____ City _____ Phone (____) ____ - ____ Fax (____) ____ - ____
3. Vendor _____ City _____ Phone (____) ____ - ____ Fax (____) ____ - ____	4. Vendor _____ City _____ Phone (____) ____ - ____ Fax (____) ____ - ____

**I authorize UTi Transport Solutions ("UTi") to investigate our credit via any credit bureau or other source and authorize the above bank and references to provide all credit and financial information requested. I understand all credit decisions are made by UTi in Medford, Oregon in reliance on information provided in this application and direct that this Credit Application be sent to the UTi Corporate Office. Some or all of the transportation services contemplated will be performed in Oregon.**

\_\_\_\_\_  
 (Signature)                      Title                      Printed Name                      Principal/Owner                      Date