SMITH & CO-2 LLC

Shipper Credit Application

Request for review of credit terms | (775) 501-7132 | admin@smithcologistics.com

Legal business name	_____
DBA / trade name	_____
Billing address	_____
City / State / ZIP	_____
Business phone	_____
Accounts payable contact	_____
AP email / phone	_____
Years in business	_____
Requested credit limit	_____
Requested payment terms	_____
Business type / state of formation	_____
Bank / trade references (optional)	_____
Reference contact details	_____

Credit request

The information provided is submitted for review of a request for credit terms. Submission does not guarantee approval. Any credit terms must be confirmed in writing by Smith & Co-2 LLC.

Certification and authorization

I certify that the information provided is true and complete to the best of my knowledge and that I am authorized to submit this application. I authorize reasonable verification of business and trade references as permitted by law.

Authorized representative: _____ Title: _____

Signature: _____ Date: _____

Privacy and handling

Provide only information reasonably needed for business credit review. Do not include bank account passwords or other login credentials.

Return completed documents to admin@smithcologistics.com.

Privacy reminder: do not send tax identification numbers through unsecured email. Use a secure delivery method when available.