



CREDIT APPLICATION

Business Contact Information

Company name:

Doing business as (if applicable):

Phone:

Fax:

Email:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

Business and Credit Information

Primary business address:

City:

State:

ZIP Code:

How long at current address:

Telephone:

Fax:

Email:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Business/Trade References

Company name:

Address:

City:

State:

ZIP Code:

Telephone:

Fax:

Contact Name:

Terms on account:

Company name:

Address:

City:

State:

ZIP Code:

Telephone:

Fax:

Contact Name

Terms on account:

Company name:

Address:

City:

State:

ZIP Code:

Telephone:

Fax:

Contact Name

Terms on account:

Credit Terms

Applicant hereby requests credit to be extended to Applicant, and in consideration for the granting of said credit, hereby agrees to the terms and conditions as follows:

- 1) Customer will pay in full amounts in accordance with the terms and dates stated on each invoice. Including any applicable sales taxes.
- 2) Customer agrees to pay all costs and attorney fees incurred in collection of all past due invoices and accounts.
- 3) The Delivery People reserves the right at any time to revoke any credit extended to Customer because of Customer's failure to pay for goods and services when due or for any other reason deemed good and sufficient by The Delivery People.
- 4) Should any Customer's check(s) be returned by their bank for reason of insufficient funds, Customer agrees to pay the fee for each check returned to The Delivery People as a handling charge.
- 5) Claims arising from invoices must be made within seven working days.
- 6) By submitting this application you authorize The Delivery People to make inquiries into the banking and business/trade references that you have supplied.

The undersigned has read this Credit Application and agrees to be bound by its statements, terms and conditions stated herein. The undersigned represents and warrants that he/she is duly authorized to sign this Credit Application on behalf of the Customer.

Signatures

Title:

Printed Name:

Signature:

Date:

The Delivery People – Phone 808-484-2188 / Fax 808-484-2208

Mailing – PO Box 30377 Honolulu, HI 96820

Maui - 325 Hukilike, Unit 10, Kahului, HI 96732

Oahu – 99-1056 Iwaena Street, Aiea, HI 96701

Big Island – Kona International Airport, South Cargo Building, Kona, HI 96740

Los Angeles – 1099 La Cienega Blvd, Suite 170, Los Angeles, CA 90045