



To: Our Valued Potential Customer;

It is my pleasure to welcome you as a new or returning customer and we are pleased to set up an account for you. To do so, you must complete, sign and return the attached credit application, along with a copy of your W-9, to OmniTrax.Accounts.Receivable@omnitrax.com. If you are tax exempt, please include a copy of your sales tax exempt certificate.

The application information supplied will be used in proving credit worthiness and establishing a credit line for your company. A fully completed application is necessary for shipping product on credit terms. If you decide to send bank and trade references on your company letter head, our credit application must still be returned signed by an officer or company manager. You are able to type your information on the application itself. However, we will need a written signature.

Please be aware, there are limited times when credit application information is not enough to establish credit. In those instances, we will request you to provide a copy of your company's most recent financial statement (balance sheet, P&L). The statement information together with the completed credit application will help us in our credit decision.

Upon approval, we will send you the Wiring Instructions, Lock Box, and ACH transfers' information for remittance or complete your vendor forms when sent to OmniTrax.Cash.Applications@omnitrax.com. The information supplied is for the sole use of this department and will be held in the strictest confidence.

Sincerely,

OmniTRAX Accounts Receivable



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

Company Information:

Company Name: [Click here to enter text.](#)

Is this company a branch or subsidiary? ☐ Yes ☐ No If yes, name the parent [Click here to enter text.](#)

Address: [Click here to enter text.](#)

City, State, Zip: [Click here to enter text.](#)

Phone: [Click here to enter text.](#)

Fax: [Click here to enter text.](#)

DBA Name: [Click here to enter text.](#)

Fed ID # [Click here to enter text.](#)

Tax-Exempt: ☐ Yes ☐ No If yes, sales tax exempt certificate must be attached or sales tax will be assessed.

D&B # (DUNS): [Click here to enter text.](#)

Legal Billing Name: [Click here to enter text.](#)

Company is a ☐ Corporation ☐ Partnership ☐ Proprietorship ☐ L.L.C ☐ P.L.C.

Are Financial Statements Available? ☐ Yes ☐ No Numbers Years in Business [Click here to enter text.](#)

Type of Business: ☐ Service ☐ Manufacturer ☐ Distributor ☐ Reseller ☐ End User ☐ Retailer

NOTE: IF IN BUSINESS LESS THAN FIVE YEARS, YOU MUST COMPLETE A PERSONAL GUARANTEE

Accounts Payable/Invoice processing information:

Contact Name: [Click here to enter text.](#)

Phone: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Are Purchase Orders required? ☐ Yes ☐ No

Contact information of person who supplies the PO #: [Click here to enter text.](#)

Special Invoicing requirements: ☐ Yes ☐ No

If yes, please describe: [Click here to enter text.](#)

Vendor forms required?: ☐ Yes ☐ No Please email them to OmniTrax.Cash.Applications@omnitrax.com.

Preferred Payment Method: ☐ Check ☐ ACH ☐ Visa/MasterCard

Please note all credit card transactions over \$20,000 will be assessed a 2% processing fee



Bank References:

Institutions Name: [Click here to enter text.](#)

Checking Account #: [Choose an item.](#)

Bankers Name: [Click here to enter text.](#)

Bankers Email: [Click here to enter text.](#)

Phone: [Click here to enter text.](#) Fax: [Click here to enter text.](#)

Trade References:

Company 1 Name: [Click here to enter text.](#)

Contact 1 Name: [Click here to enter text.](#)

Contact 1 Email: [Click here to enter text.](#)

Contact 1 Phone: [Click here to enter text.](#)

Company 2 Name: [Click here to enter text.](#)

Contact 2 Name: [Click here to enter text.](#)

Contact 2 Email: [Click here to enter text.](#)

Contact 2 Phone: [Click here to enter text.](#)

By submitting this application for credit, you authorize OmniTRAX or affiliate, to make any inquiries necessary to determine credit worthiness. You release your banking instruction details that would assist to determine credit worthiness.

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. Our terms of sale and service are NET 30 DAYS from the date listed on the invoice.

SIGNATURES

[Click here to enter text.](#)

Print Name

Signature

[Click here to enter text.](#)

Title

[Click here to enter text.](#)

Date

For CCC Use ONLY

Terms applying for: ☐ NET 30 ☐ Other Term Approved: [Click here to enter text.](#) Credit Amount Approved: [Click here to enter text.](#) Commercial Rep.: [Click here to enter text.](#) Applicant: ☐ New ☐ Existing- being renewed. ☐ Existing- requesting increase in Cr. Limit