



**Corporate Office**  
 405 114<sup>th</sup> Avenue SE, 3<sup>rd</sup> Floor  
 Bellevue, WA 98004

**Credit Office**  
 2409 Dearborn, Suite L  
 Missoula, MT 59801

## CREDIT APPLICATION & AGREEMENT

BILLING ADDRESS			
Company Name			
Street Address			
City, State, Zip			
Telephone		Fax	
Email (Required for invoices & statements)			

PHYSICAL ADDRESS			
Company Name			
Street Address			
City, State, Zip			
Telephone		Fax	
Email			

GENERAL INFORMATION			
Federal Tax ID#		If incorporated, specify state and date of incorporation	
Type of Business	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other (please specify)		
President/Owner		Controller	
AP Contact		AP Email	
Has ownership changed in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No		No. of years in business

TERMS & CONDITIONS	
On behalf of the applicant(s): I/we agree(s) that application for credit and payment for services will subject to the following: <ol style="list-style-type: none"> <li>1) Customer agrees that all amounts due are payable Net 15 days from the date of invoice.</li> <li>2) In the event the account becomes delinquent and is turned over for collection, Customer agrees to pay all costs of collection including reasonable attorney fees and court costs.</li> <li>3) Customer authorizes the Company Radiant Logistics/Profiles International to investigate all credit history, bank references and any other information required to process this application and as it deems necessary in the future.</li> <li>4) Customer Acknowledges Receipt of the Company's Governing Terms and Conditions of Service herewith- Also available at <a href="http://www.radiantgloballogistics.com/terms">www.radiantgloballogistics.com/terms</a>.</li> </ol>	
<b>By signing below Applicant agrees information on this from is correct and agrees to be bound by the terms and conditions above.</b>	

Bank name			
Bank branch			
Bank contact			
Phone number		Account number	
Line of credit account #		Account number	
Authorized signer's name (type or print)			Date
Authorized signer's title (required)			
Authorized signers telephone (required)			
Authorized signers email (required)			
<b>Authorized signature (required)</b>			

**\*\*\*NOTE: Shipments via air are subject to inspection\*\*\***

<b>Radiant Logistics servicing station</b> (applicant or station MUST complete otherwise application will be denied)	
<b>Radiant Logistics sales rep</b>	
<b>Account number</b> (to be completed by corporate)	

- Return completed application via the following methods:**
1. By faxing to (425) 943-4586 ATTN: Cust. Credit Mgmt
  2. By scanning and emailing to [custcreditmgmt@radiantdelivers.com](mailto:custcreditmgmt@radiantdelivers.com)