

High St Logistics, Inc
P.O. Box 3431
San Luis Obispo, CA 93403

Phone: 866.548.1555
Local: 805.543.0854
Fax: 805.781.9255



Complete this form and fax to HSL 805.781.9255

SHIPPER CREDIT APPLICATION & PROFILE FORM

Company Name	
Address	
City/State/Zip	
Billing Address(if different)	
Phone	Fax
Email	Federal ID Number
Shipping Contact	Payables Contact
Special Billing Requirements	

BANK INFORMATION

Name of Bank	
Contact Person	Phone
Account Number(s)	
DUNS #	

THREE CARRIER REFERENCES

Contact	Phone
Contact	Phone
Contact	Phone

I understand the following and will abide by HSL's company policies:

1. Notify HSL of any changes in ownership, name, address, phone number, etc.
2. If granted credit, our company agrees to pay our freight bills within 21 days of receipt.
3. Our company's financial condition is satisfactory and we will meet all financial obligations.
4. I authorize the release of credit information to HSL, which will be held in strict confidence by HSL.
5. It is agreed that our account will become C.O.D., if we fail to pay within terms.
6. We acknowledge that amounts past due will be charged interest at the maximum legal rate.
7. If legal collections are required, we will reimburse HSL for its attorney costs.
8. I am an authorized representative of the company and have the authority to execute this document.

Signature	Date
Print Name	Title
HSL INTERNAL USE ONLY: AGENT	CREDIT LIMIT \$