



BUSINESS CONTACT INFORMATION			
Company Name:			
Title:			
Phone:	Fax:	E-mail:	
AP Contact:		E-mail:	
Shipping/Receiving Contact:		E-mail:	
Federal Tax ID Number:			
Sole proprietorship:	Partnership:	Corporation:	Other:
BUSINESS AND CREDIT INFORMATION			
Primary business address:			
City:		State:	ZIP Code:
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account	Account number:		
Savings:	Checking:	Other:	
BUSINESS/TRADE REFERENCES			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:		E-mail:	
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:		E-mail:	
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:		E-mail:	
AGREEMENT			
<ol style="list-style-type: none"> 1. All invoices are to be paid 30 days from the date of the invoice. 2. Claims arising from invoices must be made within seven working days. 3. By submitting this application, you authorize Just Ship It Logistics Inc. to make inquiries into the banking and business/trade references that you have supplied. 			
SIGNATURES			
Title:		Title:	
Date:		Date:	