



OX Use Only
Date
Acct Code

Credit Application and Agreement

Please fill out this form completely

Registered Firm Name: _____

Billing Address: _____

Physical Address: _____

E-Mail Address: _____

_____ Sole Proprietorship _____ Partnership _____ Corporation

Duns Number _____ FIN or SS# _____

Business Established _____ Telephone Number _____

Fax: _____

President: _____ Controller: _____

A/P Contact: _____ Ownership changed in past year: _____

Parent Company: _____ Branches: _____

This application will also serve as an authorization to release information from your bank to Oahu Express LTD. The information contained herein is confidential and is only supplied to the company for which you are applying for credit. This also authorizes companies to FAX back their reply to us. **The below signor must be a signor on the bank account.**

Bank Name: _____ Phone#: _____

Contact: _____ Acct#: _____

Officers Signature: _____ Title: _____

Type or Print Name: _____

Trade Reference: _____ Phone#: _____

Contact: _____

Valued Customer - Please advise us of any special billing instructions.

Customer (Company) Name: _____

Date: _____ If there are no special billing requirements, please check here: _____

WHAT PAPERWORK DOES YOUR COMPANY REQUIRE IN ORDER TO PROCESS PAYMENT?

Your billing will be mailed to your business address unless otherwise specified:

Attention: _____

TERMS AND CONDITIONS:

The applicant(s) executing this Application and Agreement (*Customer*) hereby agree(s) that payment for all services is subject to the following terms and conditions:

1. Customer agrees that all amounts due for services provided by Oahu Express, LTD are payable at **PO Box 700340, Kapolei HI 96709.**
2. Customer agrees that all amounts due are not payable in installments, but are payable **NET 15** days upon receipt of invoice. Company reserves the right to demand payment of all outstanding and past due freight charges as a pre-condition for releasing any shipment(s) at destination. This right includes the right to demand payment upon delivery of any shipment(s) at any time. If any amount due is not paid within said period a delinquency charge of 1 ½% per month of the delinquent balance shall be added to the sum due.
3. In the event the Account becomes delinquent and is turned over for collections, Customer agrees to pay all reasonable attorneys' and collectors' fees, plus all attendant collection/court costs.
4. Customer agrees to notify the Company by certified mail of any changes in ownership of Customer and further agrees to be liable for all losses incurred as a result of failure to comply with said notifications.
5. Customer authorizes the Company and/or its Credit Agency(s) to investigate all credit history, bank references and any other information required to process this application and as it deems necessary in the future.

Date: _____

Applicant Signature: _____

Officer, Owner or Partner

Title: _____

Type or Print Name: _____

Return via Fax to: (808) 682-8811 Attn: Accounts Receivable