



WORLDCRAFT LOGISTICS LLC
1861 Mountain View Ave, Loma Linda, CA 92354
Phone: 909-632-1643 Accounting Email: ar@worldcraftlogistics.com

Credit Application and Vendor Data Sheet

GENERAL INFORMATION:

- 1. Firm or Business Name: _____
- 2. Doing Business As (DBA): _____
- 3. Street Address: _____
- 4. Billing Address: _____
- 5. City _____ State _____ Zipcode _____
- 6. Telephone _____ 7. Fax _____
- 8. Billing address or invoicing email address if email delivery preferred:

****Do you need our bank information for ACH/EFT payments? __Yes __No**

- 9. Accounts Payable Contact Name: _____
- 10. Accounts Payable Email Address: _____
- 11. Accounts Payable Contact Phone: _____
- 12. Years in Business _____ 13. Federal Tax Number: _____
- 14. Type of Business: ___Sole Proprietorship ___Corporation ___LLC
 ___Partnership ___Subsidiary

15. Proprietor, Partners, Officers, if incorporated:

- Name: _____ Title: _____
- Name: _____ Title: _____
- Name: _____ Title: _____
- Name: _____ Title: _____

- 16. Year Business Established: _____
- 17. Years At Present Location: _____



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CREDIT REFERENCES: (Please provide a minimum of three)

1. **Company Name:** _____
Mailing Address: _____
Telephone Number: _____
Fax Number: _____
Contact Person: _____ **Title:** _____
E-Mail Address: _____
How Long Have You Been Doing Business With This Company? _____

2. **Company Name:** _____
Mailing Address: _____
Telephone Number: _____
Fax Number: _____
Contact Person: _____ **Title:** _____
E-Mail Address: _____
How Long Have You Been Doing Business With This Company? _____

3. **Company Name:** _____
Mailing Address: _____
Telephone Number: _____
Fax Number: _____
Contact Person: _____ **Title:** _____
E-Mail Address: _____
How Long Have You Been Doing Business With This Company? _____

4. **Company Name:** _____
Mailing Address: _____
Telephone Number: _____
Fax Number: _____
Contact Person: _____ **Title:** _____
E-Mail Address: _____
How Long Have You Been Doing Business With This Company? _____

5. **Company Name:** _____
Mailing Address: _____
Telephone Number: _____
Fax Number: _____
Contact Person: _____ **Title:** _____
E-Mail Address: _____
How Long Have You Been Doing Business With This Company? _____



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AUTHORIZATION FOR RELEASE OF INFORMATION:

I hereby warrant that the above information is true and correct, and is furnished for the purpose of establishing a vendor relationship with Worldcraft Logistics LLC. I hereby agree that Worldcraft Logistics LLC may investigate my credit and business record and that Worldcraft Logistics LLC may furnish this authorization to secure the information they need to establish a business relationship.

Should it become necessary to place the account with an outside collection agency or attorney, the Applicant agrees to pay all collection and attorney fees – in addition to any and all other fees and sums incurred and due as part of the collection process. The Applicant authorizes Worldcraft Logistics LLC to obtain credit, financial, and business information concerning Applicant at any time and from any source. The undersigned warrants that they have read and fully understand this document, that all information provided by the Applicant is true and correct, and that they are authorized to both enter into this agreement and accept its terms with their signature, below.

_____	_____
Company Requesting Credit	D/B/A If Applicable
_____	_____
Name of Authorized Representative	Title
_____	_____
Signature of Authorized Representative	Date