



H.O. Wolding, Inc.
PO Box 217
Amherst, WI 54406

CUSTOMER & CREDIT APPLICATION

Please complete the required information and Fax to 715-824-4644 or email creilly@wolding.com

Business Name: _____

Street Address: _____ City, State, Zip: _____

Billing Address: _____ City, State, Zip: _____

Phone # _____ Fax # _____

Ownership: () Corporation () Partnership () Sole Proprietor () LLC
Operations: () Broker () Carrier () Both

MC# or DOT# _____ Officer or Owner: _____

Please provide Financial and Bank References.

As part of our commitment to increase efficiency and provide convenience to our customers, we are pleased to offer electronic freight invoice delivery. This may allow you to bill your customer 3-5 days sooner. All of our freight invoices will be accompanied by legally-imaged supporting documentation. If specific documentation is needed please list here: _____

We offer you an email option for receiving our freight invoices. Please indicate your preference for email delivery by completing the appropriate email address below:

Email freight invoices to us at: _____

Accounts Payable Contact: _____ Phone: _____

Email: _____

All invoices issued by H.O. Wolding, Inc. must be paid within 30 calendar days from date of invoice. Past due invoices are subject to finance charges of 1.5 % per month, 18% annum.

I/WE HEREBY AGREE THAT H.O. WOLDING, INC. OR ITS AGENTS MAY CONDUCT/OR CAUSE TO CONDUCT AN INVESTIGATION IN REGARDS TO THIS CREDIT APPLICATION.

Authorized signature: _____

Printed name: _____ Title: _____

H.O. Wolding, Inc. Dispatcher Name: _____ Date: _____