



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: Marissa Capelouto