

Scan Global Logistics NorAm Int'l • Tax ID: 91-1338013 • DUNS# 161469838 Scan
 Global Logistics NorAm Domestic • Tax ID: 91-1477974 • DUNS# 628048811
 18850 8th Avenue S. • Suite 100 • Seattle, WA 98148
 Remit To: P.O. Box 69207 • Seattle, WA 98168
 Phone: 800-444-0294 • Local: 206-244-0330 • www.scangl.com

Terms: Net 30 Days

Payments not received by due date may be assessed interest at 1.5% per month on the invoice amount.

_____ Company Name (full legal name)		_____ Company Website Address	
<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor			
_____ State	_____ Date Established	_____ Tax ID#	_____ DUNS#
_____ DBA's		_____ Parent Company	

Requested Method of Payment: <input type="checkbox"/> In Advance <input type="checkbox"/> Open Account		
_____ Bill To Address		
_____ City	_____ State	_____ Zip
_____ Paperless Billing & Statement Email Address		
_____ Billing Requirements		
_____ Accounts Payable Contact Name		_____ Title
_____ Accounts Payable Phone Number		_____ Accounts Payable Email Address
_____ Management, Officer, or Owner Name		_____ Title
_____ Phone Number		_____ Email Address
_____ Bank Name	_____ Bank Location	_____ Account#
_____ Bank Contact Name	_____ Bank Contact Phone Number	

The undersigned certifies that they are authorized to bind the company and that all information provided is true and accurate. Scan Global Logistics is hereby authorized to investigate any references, statement, or other data pertaining to credit of other financial liability. No commitment for the extension of credit should be assumed or implied by the completion and submittal of this document. The signature below acknowledges acceptance of the Scan Global Logistics and SGL Express Line Terms and Condition which are reflected on bills of lading and online at [scangl.com/about/north-america/](https://www.scangl.com/about/north-america/) which supersede all previous versions.

X _____ Signature	_____ Date	_____ Address
_____ Printed Name/Title	_____ City	_____ State Zip
_____ Your Phone Number	_____ SGL Location or Representative Name	