



**LDH CORPORATION**

P O BOX 4125  
216 S. Coastal Highway  
PORT WENTWORTH, GEORGIA 31407

SHEILA CLAMPITT - EXT: 1004  
[SHEILA@LDHCORP.COM](mailto:SHEILA@LDHCORP.COM)

Local (912) 964-0000 • Fax (912) 964-1497 • Toll Free (800) 215-1933

*LDH CORP. AGENT:* \_\_\_\_\_ *PHONE #:* \_\_\_\_\_ *CREDIT LIMIT REQUESTED:* \_\_\_\_\_

**APPLICATION FOR CREDIT**

**Business Name** \_\_\_\_\_ **DBA** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City/St/Zip:** \_\_\_\_\_

**Physical Street Address:** \_\_\_\_\_

**City/St/Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Accounting Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Billing Requirements:** \_\_\_\_\_

**Type of Business: Proprietorship:** \_\_\_\_\_ **Partnership:** \_\_\_\_\_ **Corporation:** \_\_\_\_\_ **LLC:** \_\_\_\_\_

**Corp. Federal ID#:** \_\_\_\_\_ **Duns #:** \_\_\_\_\_

**Under Present Ownership Since** \_\_\_\_\_ **#of Locations** \_\_\_\_\_

**TRADE REFERENCE, COMPANY, ADDRESS, ACCT. #, & PHONE #**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**Bank References**

	<i>Bank Name</i>	<i>Contact</i>	<i>Acct. #</i>	<i>Phone #</i>
1.	_____			
2.	_____			
3.	_____			

**CREDIT AGREEMENT**

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I certify that the information contained on this Credit Application is true and complete to the best of my knowledge, and that the discovery of falsification of any of the information presented on this application may lead to the revocation of any credit extended by LDH CORPORATION ("LDH"). I hereby authorize LDH to contact any company, individual or agency that may provide any relevant information necessary to establish credit for the business listed on this application. It is understood and agreed that all charges not paid within thirty days of receipt of invoice shall accrue interest at the rate of 1.5% per month. It is further agreed that the undersigned shall pay any collection expenses, including reasonable attorney's fees that may become necessary to effect collection of this account. All actions or proceedings instituted by LDH for the collection of freight charges owed by the shipper, consignor, consignee or any other third party involved in the shipment shall be exclusively brought in the State Court of Chatam County, Georgia. The undersigned shall not raise, and hereby waives, any defenses based on the venue, inconvenience of the forum, lack of personal jurisdiction, sufficiency of service of process or the like in any such cause of action or suit brought in the State Court of Chatham County, Georgia.

***BY MY SIGNATURE BEING ON THIS APPLICATION, I AUTHORIZE MY BANK AND CREDITORS TO RELEASE MY CREDIT INFORMATION.***

*Applicant Signature* \_\_\_\_\_ *Applicant Title* \_\_\_\_\_ *Date Signed* \_\_\_\_\_

