



218 MACHLIN CT
WALNUT, CA 91789

COMMERCIAL CREDIT APPLICATION
VISIT UNISCO.COM | QUESTIONS? CALL 800.486.4726

Filing Your Credit Application:

1. Complete an online credit application at unisco.com – OR –
2. Complete the attached credit application and email it to the credit@unisco.com department.

Please submit your credit application to:

UNIS

Attn: Credit Department

218 Machlin Ct

Walnut, CA 91789

Phone: 1.800.858.9889

Email: credit@unisco.com

NOTE: By completing this credit application, if approved, you will be extended credit throughout Unis. Unis reserves the right in its sole and absolute discretion to revoke credit at any time.



218 MACHLIN CT
WALNUT, CA 91789

COMMERCIAL CREDIT APPLICATION
VISIT UNISCO.COM | QUESTIONS? CALL 800.486.4726

COMPANY INFORMATION

Check One: ☐ Sole Proprietorship ☐ Partnerships ☐ Privately Held ☐ Joint Venture ☐ Limited Liability Company (LLC)
☐ Corporation (S Corp) ☐ Corporation (B Corp) ☐ Corporation (C Corp) ☐ Nonprofit Organization

Company Name			Annual Spend		Monthly Credit Required	
Shipping Address			Payment Method <input type="checkbox"/> ACH/Wire <input type="checkbox"/> Credit Card <input type="checkbox"/> Cashier's Check <input type="checkbox"/> Check			
City	State	Zip	Billing Address			
Please attach a list of all your business names and addresses that will be shipping and receiving.			City	State	Zip	
Parent Company (if applicable)			Principle Owner or Authorized Officer		Email	
Corporate Address			Accounts Payable Contact		Email	
City	State	Zip	Accounts Payable Manager Phone		Email	
Line of Business			Phone		Website	
Date Established	Number of Employees		Dun & Bradstreet #		Federal Tax ID #	

TRADE REFERENCE (MUST RELATE TO CREDIT APPLICANT)

Bank Name	Bank Account #	Address		
Contact	Phone	City	State	Zip
Transportation Reference 1	Account #	Address		Credit Limit
Contact	Phone	City	State	Zip
Transportation Reference 2	Account #	Address		Credit Limit
Contact	Phone	City	State	Zip
Transportation Reference 3	Account #	Address		Credit Limit
Contact	Phone	City	State	Zip

CREDIT TERMS & CONDITIONS

THE ABOVE INFORMATION is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility. A copy of this document shall be as the original.

Initials _____

On behalf of our company, I certify we are familiar with and agree to abide by the DOT/Surface Transportation Board rules and regulations pertaining to the payment of transportation and other tariff charges. If carrier is forced to utilize an outside collection source, all applicable discounts and allowances will be revoked resulting in collection of gross charges.

Print	Title	Signature of Authorizing Officer	Date (MM/DD/YYYY)
-------	-------	----------------------------------	-------------------



218 MACHLIN CT
WALNUT, CA 91789

BILLING & PAYMENT PREFERENCES
VISIT UNISCO.COM | QUESTIONS? CALL 800.486.4726

BILLING PREFERENCES - UNIS TRANSPORTATION ONLY

Invoice Sent By ☐ Email ☐ EDI ☐ API ☐ Mail

Invoice Frequency ☐ Daily ☐ Weekly

Invoice By ☐ Individual ☐ Consolidated

Required Document ☐ BOL ☐ POD ☐ LOA ☐ Other

Reference ☐ PRO/Tracking# ☐ BOL# ☐ PO/SO# ☐ Container# ☐ Order/Reference# ☐ Other

BILLING PREFERENCES - UNIS FULFILLMENT ONLY

Invoice Sent By ☐ Email ☐ EDI ☐ API ☐ Mail

Invoice Frequency ☐ Daily ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Semi-Monthly

Invoice By Individual (please select the option that applies) ☐ Consolidated

<input type="checkbox"/> Title Separation w/consolidated billing	<input type="checkbox"/> Outbound handling w/business type
<input type="checkbox"/> Title separation w/o consolidated Billing	<input type="checkbox"/> Storage
<input type="checkbox"/> Inbound handling	<input type="checkbox"/> Accessorial
<input type="checkbox"/> Outbound Handling	<input type="checkbox"/> Other (please provide details) _____

Supporting Document ☐ UNIS Format ☐ Custom Format

PAYMENT PREFERENCE**Prepay**

Prepayment/COD - Collect upon pickup or delivery
Deposit - See wiring instructions below

Pay

ACH/Wire -See wiring instructions below.
Credit Card - Please complete Credit Card Authorization Form
Check - Please make check payable to Unis Transportation for freight charges and Unis Fulfillment for fulfillment charges.
Cashier Check - Please make check payable to Unis Transportation for freight charges and Unis Fulfillment for fulfillment charges.
ACH/WIRE Instructions
Company Name: UNIS, LLC dba UNIS FULFILLMENT
Company Address: 218 Machlin Ct., Walnut, CA 91789
Bank Name: CTBC BANK CORP. (USA)
Bank Address: 801 S Figueroa St #2300, Los Angeles, CA 90017
Branch: 020
ABA# (Routing) 1222-10406
Swift Code: CTHCUS66
218 Machlin Court Walnut, CA 91789
Tel. 909.839.2600
Checking Account#: 20611056
Remittance Email: billingteam@unisco.com

Company Name: UNIS TRANSPORTATION
Company Address: 218 Machlin Ct., Walnut, CA 91789
Bank Name: CTBC BANK CORP. (USA)
Bank Address: 801 S Figueroa St #2300, Los Angeles, CA 90017
Branch: 020
Account Number: 3800214809
ABA# 1222-10406
SWIFT CODE: CTHCUS66
Remittance Email: AR@unisco.com



218 MACHLIN CT
WALNUT, CA 91789

CREDIT CARD AUTHORIZATION & PERSONAL GUARANTEE

VISIT UNISCO.COM | QUESTIONS? CALL 800.486.4726

CREDIT CARD AUTHORIZATION

I hereby knowingly and irrevocably authorize Unis to charge my credit card for: ☐ ALL SHIPPING CHARGES ☐ ALL PAST DUE CHARGES for Shipments tendered to Unis originating from or destination to the company or person named below. Please Note: The cardholder must be one of the owners/officers named on the application. This authorization will be used upon approval of your account. Please note that the credit card information will be kept confidential and the signature will be kept as your authorization for Unis to debit the amount on the credit card.

The credit card account information provided herein shall be used only for the intended purpose as authorized. Cardholder shall indemnify and hold Unis harmless from all loss, damages, expense or liability in connection with such authorized use of the above said credit card. Any use by Unis is limited to the service fee or past due fees and charges to the Cardholder.

I certify that the credit card account listed below is valid and that sufficient available credit exists to cover all charges made. I also agree to notify Unis of any changes regarding the validity of this credit card. If this credit card account is deemed invalid or is otherwise denied while attempting to complete payment for shipping charges and past due invoices, I agree to send payment immediately upon notification or provide Unis with valid credit card information. A \$35.00 fee will be charged for invalid or denied credit card transactions.

Card holder's name (as shown on statement)			Type of Card	
Credit Card Billing Address			Credit Card #	
City	State	Zip	Expiration Date	Credit Card 3-Digit Security Code
Phone	Mobile		Name of Bank Issuing Credit Card	Issuing Bank's Toll Free #
Company Name	Title of Cardholder		Signature	Date (MM/DD/YYYY)

PERSONAL GUARANTEE

This agreement is made between the Guarantor and Unis in consideration of any and all extensions of credit to the Customer, whose address is:

Address	City	State	Zip
---------	------	-------	-----

Guarantor unconditionally guarantees full and prompt payment when due, with no limitation on liability, of any and all existing or future indebtedness or liability of Customer to Unis including but not limited to all service fees, accessorial fees, additional surcharges, finance charges, reasonable attorneys and collection fees and court cost. Guarantor waives notice of the acceptance of this Guarantee by Unis and the extension of any credit by Unis to Customer. Guarantor waives presentment, protest, notice, demand, or otherwise enforce payment by Customer. The Guarantor agrees that suit for the balance owned will be brought in Los Angeles County, State of California. Unis may sell, release, surrender, exchange, compromise, waive, subordinate, or modify the indebtedness or liability of Customer to Unis, without notice to Guarantor and without affecting Guarantor's liability to Unis. This Guarantee shall be binding upon the Guarantor, and the Guarantor's heirs, Executors, Administrators, legal representatives and successors and assigns, and shall inure to the benefit of Unis, and its successors and assigns.

There is no oral representation, understanding or warranties with respect to the Agreement. It may not be changed except by written agreement signed by the Guarantor and Unis.

Unis' rights and remedies shall not be modified, limited, or waived by any representation, promise, or agreement made, or by any course of conduct by Unis after the date of this Guarantee unless evidenced by a written document signed by Unis.

If any provision of this Agreement is declared unenforceable or invalid, in whole or in part, for any reason, the remaining provisions shall continue to be effective.

The laws of the State of California shall govern this Agreement. The Guarantor agrees that any process served on the Guarantor(s) shall be sufficient if mailed to the address listed below or to the Guarantor's residence by certified mail, return receipt requested.

Company Name	Print Name Of Guarantor		Signature of Authorized Officer/Principal		Date (MM/DD/YYYY)
Mailing Address	Phone		Social Security #		Phone
City	State	Zip	Driver License #		Expiration Date (MM/DD/YYYY)