



SMS LOGISTICS, INC
P.O. BOX 8100 SAN ANTONIO, TEXAS 78219
Accounting Email: accounting@smslogistics.net 210-447-3627
CREDIT APPLICATION & BILLING Requirements

Company Name: _____ Type of Business: _____

Phone: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____ FED ID# _____

Date Established _____ Type of Organization: Corp () _____

OWNER / PRESIDENT _____ VICE PRESIDENT _____

CREDIT REFERENCES:

1) Company: _____ Name: _____

Phone: _____ Email: _____

2) Company: _____ Name: _____

Phone: _____ Email: _____

3) Company: _____ Name: _____

Phone: _____ Email: _____

****** INVOICING INSTRUCTIONS:**

REQUIRED: (Yes/No) PO#: _____ BOL#: _____ PROOF OF DELIVERY RECIEPT _____

INVOICE EMAIL Address: _____

CREDIT TERMS: () COD Company Check () Net 7 Days () Net 15 Days () Net 30 Days

BILL TO INFORMATION: (If different from above)

COMPANY NAME: _____

ATTENTION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ACCOUNTS PAYABLE CONTACT:

NAME: _____ EMAIL: _____

PHONE: _____

Authorized Person Completing This Application: Name _____ Title _____