



CUSTOMER SETUP FORM

Last Mile, LLC. dba Last Mile Gear
 1119 11th Ave. Longview, WA 98632
 Ph: (866) 230-9174 Fx: (360) 272-3200
 accounting@lastmilegear.com

General Information

Legal Name of Business	DBA
Application Completed by	Title
FEIN Number	
Type of account you are applying for: <input type="checkbox"/> Credit Card/Prepay <input type="checkbox"/> Credit with LMG \$ _____ <input type="checkbox"/> Lease Equipment	
Physical Address:	
City:	State: Zip:

Additional Company Information

Type of Business:	Website URL				
Legal Form Under Which Business Operates:	If Division/Subsidiary, Name of Parent Company:			In Business Since:	
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC					
Company Principle Responsible for Business Transactions:			Title:		
Address:	City:	State:	Zip:	Phone:	
Accounts Payable Contact:	Email Invoices to:				
Billing Address:	City:	State:	Zip:	Phone:	
Do you accept partial shipments and invoicing?: <input type="checkbox"/> Yes <input type="checkbox"/> No			Fax:		
Do you want to restrict who has access to your online customer portal?: <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please specify name and email of authorized person for online customer portal access: Name:			Email:		

Primary Bank Reference - Please complete if applying for open terms or lease

Institution Name:		
Account #:	Borrowing Line Available?	Amount:
Address:		
Phone:	Banking Officer Name:	

Please list 3 companies you have credit with if applying for open terms or lease

Company:	Company:	Company:
Contact:	Contact:	Contact:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Email:	Email:	Email:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions and trade references listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. Applicant acknowledges that if credit terms are granted by Last Mile, LLC terms granted will be Net 30, unless otherwise agreed upon in writing by an Officer of Last Mile, LLC. I am legally authorized to bind "Customer", and have read, understand and agree to the terms and conditions of conducting business with Last Mile, LLC located at <https://www.lastmilegear.com/wp-content/uploads/Terms.pdf>. Customer further agrees to provide copies of sales tax exemption or resale certificates for States in which Customer is registered. v20210901

Signature

Date

Fax your completed application to 360-272-3200 or email it to accounting@lastmilegear.com.
 Please include a multistate tax form or a copy of your reseller certificate with this application.
 Questions? Contact Last Mile Gear Credit or your Account Manager 866-230-9174.