 **CREDIT APPLICATION & AGREEMENT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **BILLING ADDRESS** | | | | | | | | | | | | | | | | |
| Company Name | |  | | | | | | | | | | | | | | |
| Street Address | |  | | | | | | | | | | | | | | |
| City, State, Zip | |  | | | | | | | | | | | | | | |
| Telephone | |  | | | | | Fax | | |  | | | | | | |
| Email (Required for invoices & statements) | | | | |  | | | | | | | | | | | |
| **PHYSICAL ADDRESS** | | | | | | | | | | | | | | | | |
| Company Name |  | | | | | | | | | | | | | | | |
| Street Address |  | | | | | | | | | | | | | | | |
| City, State, Zip |  | | | | | | | | | | | | | | | |
| Telephone |  | | | | | | Fax | | |  | | | | | | |
| Email |  | | | | | | | | | | | | | | | |
| **GENERAL INFORMATION** | | | | | | | | | | | | | | | | |
| Federal Tax ID# | |  | | | | If incorporated, specify state and date of incorporation | | | | | | |  | | | |
| Type of Business | | Individual  Partnership  LLC  Corporation  Sole Proprietor | | | | | | | | | | | | | | |
|  | | Other (please specify) | | | | | | | | | | | | | | |
| President/Owner | |  | | | | | | Controller | | |  | | | | | |
| AP Contact | |  | | | | | | AP Email | | |  | | | | | |
| Has ownership changed in the last year? | | | | Yes  No | | | | | No. of years in business | | | | | |  | |
| **TERMS & CONDITIONS** | | | | | | | | | | | | | | | | |
| The applicant(s) executing this Application and Agreement (\*Customer\*) hereby agree(s) that payment for all services is subject to the following terms and conditions:  1. **Customer agrees to ASAP FREIGHT INC’S Additional Contract Terms and Conditions located on the internet at www.shipasapfreight.com**  2. Customer agrees that all amounts due are payable **Net 30 days** from date of invoice.  3. In the event the Account becomes delinquent and is turned over for collection, Customer agrees to pay all costs of  collection including reasonable attorney fees and court costs.  4. Customer authorizes the Company **ASAP FREIGHT INC.** to investigate all credit history, bank  references and any other information required to process this application and as it deems necessary in the  future. | | | | | | | | | | | | | | | | |
| Bank name | | |  | | | | | | | | | | | | | |
| Bank branch | | |  | | | | | | | | | | | | | |
| Bank contact | | |  | | | | | | | | | | | | | |
| Phone number | | |  | | | | | Account number | | | |  | | | | |
| Line of credit account # | | |  | | | | | Account number | | | |  | | | | |
| Authorized signer’s name (type or print) | | | |  | | | | | | | | | | | | |
| Authorized signer’s title (required) | | | |  | | | | | | | | | | Date | |  |
| Authorized signers telephone (required) | | | |  | | | | | | | | | | | | |
| Authorized signers email (required) | | | |  | | | | | | | | | | | | |
| **Authorized signature (required)** | | | |  | | | | | | | | | | | | |

**Return completed application via the following methods:**

**1. By faxing to (801) 363-5811 ATTN: Cust. Credit Mgmt**

**2. By scanning and emailing to accounting@shipasapfreight.com**