



CREDIT APPLICATION Fax to: 704-900-2967

Company Name _____ Phone # (____) _____

DBA _____

Address _____ Fax # (____) _____

City _____ State _____ Zip _____

Type of Business _____ Email Address _____

Federal ID# _____ State Incorporated _____ Yr Incorporated _____ Sole Proprietor

Officer _____ Title _____

Officer _____ Title _____

PLEASE LIST THREE TRADE CREDIT REFERENCES

1. Company Name _____
City _____ State _____ Zip _____
Acct# _____ Phone # _____ Fax # _____

2. Company Name _____
City _____ State _____ Zip _____
Acct# _____ Phone # _____ Fax # _____

3. Company Name _____
City _____ State _____ Zip _____
Acct# _____ Phone # _____ Fax # _____

Bank _____ Acct# _____

City _____ State _____ Zip _____

Phone _____ Contact _____

BILLING ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

Payment is required **within** 15 days from date of invoice. Any collection costs, including attorney fees will be added to unpaid invoices. Full payment must be received within 42 days from the original invoice due date to avoid payor being charged an assessment of liquidated damages in an amount equal to 135% of the unpaid receivable. Any account exceeding the credit terms extended will automatically fall into a **CASH** only status, and will require payment in full to re-establish original terms. The filing of a cargo or other claim with the carrier will not relieve a payor from the responsibility for payment of freight charges. Freight charges **must** be paid before a claim is filed, reviewed or honored. Returned checks will be subject to a \$50 fee. The venue and jurisdiction for any dispute arising out of this agreement, and/or relationship between Freight88.com. and the other parties to this agreement, including but not limited to, disputes over individual shipments, shall be brought in Kansas Court

Authorized Signature – Officer

Title

Date

I hereby authorize Freight88 to check my credit

Updated 1.3.8