

## CREDIT APPLICATION & AGREEMENT

Company Name \_\_\_\_\_ Credit Line Requested \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number (\_\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_  
Billing Name \_\_\_\_\_  
Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number (\_\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_  
DUNS # \_\_\_\_\_ Billing Requirements \_\_\_None \_\_\_BOL \_\_\_POD \_\_\_Other\_\_\_\_\_

\*\*\*\*\* If you would like to receive your invoices via email please list the email address where invoices should be sent. \*\*\*\*\*

**Owners (if applicant is a sole proprietor or partnership – list social security numbers) or Officers (if a corporation):**

Name	Title	Address
_____	_____	_____
SSN _____	_____	_____
_____	_____	_____
SSN _____	_____	_____

**Bank Reference:**

Bank Name \_\_\_\_\_ Account Number \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
Contact \_\_\_\_\_ Fax Number \_\_\_\_\_

**Trade References:**

Name	Telephone	Fax
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant authorizes **FreightMaster, LLC** to obtain credit information about applicant, verbal or written, from the above-named references. When credit is extended, applicant agrees to pay for all freight and related services arranged or provided by **FreightMaster, LLC** at the agreed rates. Payments are due within **30** days from invoice date. Applicant's payment obligations to **FreightMaster, LLC** shall not be subject to the receipt of payment by applicant from another party and any set offs or deductions are prohibited. In the event of non-payment or other violation of this agreement, applicant will pay all collection costs and attorney fees, and consents that any legal action may be within the venue of any state in which **FreightMaster, LLC** has offices. This agreement is incorporated into all transportation and other related agreements entered into by the parties, verbal or written. Applicant represents that the person signing this agreement is authorized to do so.

Customer's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Title \_\_\_\_\_

Please fax this application to the Credit Dept. at 843-375-0256.  
FreightMaster, LLC agrees to keep the provided credit information confidential.