



Customer Application

Company Name: _____

Address	City	State	Zip
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Billing Address (If different)	City	State	Zip
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DUNS # _____ Also Doing Business As: _____

Payment Contact: _____ Phone: _____ Fax: _____

Customer Type: Proprietorship _____ Partnership _____ Corp. _____ Fed ID# _____

Bank: _____ Contact: _____ Phone: _____

Principal Officers:

Name	Title	SS#	Phone	Home Address
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Name	Title	SS#	Phone	Home Address
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References: Please list at least three references

Company Name	Phone	Fax	Address
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Company Name	Phone	Fax	Address
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Company Name	Phone	Fax	Address
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Credit Agreement: The information requested on this form is collected for the purpose of evaluating the extension of credit privileges to your account. It will be used to make decisions concerning the extension and increase of credit on your account and to assist in account collection efforts. By signing this application you agree and authorize the credit references you identified to share credit information with Specialty Freight Services, Inc. and that Specialty Freight Services, Inc. may give credit and other information about you to, and to receive such information from, any credit bureaus or reporting agency. **Payment Terms:** If credit is extended, you agree to pay all charges within 30 days from the invoice date. Delinquent accounts will be subject to a service fee of up to 2% per month or the highest rate permitted by law, if less, on any unpaid balance. You agree to pay all reasonable expenses, which in no event shall be less than \$500.00, associated with any collection proceedings, including Specialty Freight Services' attorney's fees.

Signature of Owner/Officer or Authorized Representative of Company	Name (Please Print)	Title	Date
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