

CREDIT APPLICATION FORM

fax back to 877-640-9260

COMPANY

NAME:.....

ADDRESS:.....

CITY:.....STATE/PROVINCE:.....

ZIP/POSTAL CODE:.....PHONE: ().....-..... ext.....

A/P NAME:.....FAX: ().....-.....

BUSINESS

DESCRIPTION:.....

YEARS IN BUSINESS:.....

BANK:.....

ADDRESS:.....

CITY:.....STATE/PROVINCE:.....

ZIP/POSTAL CODE:.....PHONE: ().....-..... ext.....

CONTACT NAME:.....FAX: ().....-.....

ACCOUNT NUMBER:.....

TRADE REFERENCES (one must be another transportation company)

NAME.....PHONE: ().....-.....

CONTACT:.....FAX: ().....-.....

NAME.....PHONE: ().....-.....

CONTACT:.....FAX: ().....-.....

In consideration of credit being extended to our company by Frate Savers Inc., we agree to payment of charges within 30 days of receipt. We acknowledge and agree that amounts outstanding past their due date are subject to an annual administration charge of 26.82% calculated monthly. We further agree that costs associated with the collection of overdue accounts including agency, legal and court fees will be in addition to any outstanding amounts. We authorize you to contact the above bank and trade references for verification of credit history.

Signed..... Date.....

Name.....Position.....