

Company Name:

Custom Freight Systems

Application for Credit

I/We herewith make application to CUSTOM FREIGHT SYSTEMS for credit, or an increase or reconfirmation of our existing credit and account. The undersigned gives and grants CUSTOM FREIGHT SYSTEMS, or their agent, permission to verify all information stated herein at anytime. I/We hereby agree that all credit granted shall be paid timely in accordance with CUSTOM FEIGHT SYSTEMS' normal terms. I/We do affirm that all inforation supplied is true and correct.

PLEASE ANSWER ALL QUESTIONS

Partnershin:

Cornoration:

company Name:		r artifici	onporation.			
If Corporation, State/Year In	ncorporated	Date Established:				
Federal ID#	Type of E	Business:				
Phone #	Fax#		_ Email:			
Street Address:						
City:		State:	Zip Code:			
How Long At This Address:						
Mailing Address:						
City:		State:	Zip Code:			
Does Company Own Real Pi	operty: No:	Yes: Addres	s:			
			Yes: From Whom:			
Special Billing Instructions:						
Amount of Credit Requeste	d:	Normal Payme	ent Cycle:			
LIST	ALL BANK ACCO	UNTS AND INFORI	<u>MATION</u>			
Name:	Acct#:	City:	State:			
Type of Account:	Contact:		Phone#			
Name:	Acct#:	City:	State:			
Type of Account:	Contact:		Phone#			
Signaturo to Authorizo Polo	aco of Ranking I	oformation: Y				
HITIE:	Pr	int Name:				



CUSTOM FREIGHT SYSTEMS

LIST ALL PRINCIPALS OF COMPANY WITH THEIR TITLES

Name:		Title _					
Home Address:	City:		S	tate:	_ Zip:	Own:	Rent:
Name:		Title _					
Home Address:	City:		S	tate:	_ Zip:	Own:	Rent:
Name:		Title _					
Home Address:	City: COMPANY SUP			tate:	_ Zip:	Own:	Rent:
Name:	City:	. State:	Zip:	Ph#:		Conta	act:
Name:	City:	_ State:	Zip:	Ph#:		Conta	act:
Name:	City:	State:	Zip:	Ph#:		Conta	act:
the information in this cre tariffs of CUSTOM FREIGH our bank to release gener that I have the authority t	a. I/We authorize CUSTOM dit application. I/We further SYSTEMS and on the CUSTOM al information to CUSTOM o apply for credit on behaliful remain in effect and will	er agree to STOM FREI FREIGHT S f of the na	o the terms GHT SYSTEI OLUTIONS med entity.	and cond MS invoid if they so That up	ditions conce. I furthe request. I	tained w r authori I further	rithin the ze my/ declare
Name of Business:		Date: .					
Signature: X		Print N	ame & Title	e:			
have signed this credit apprecognizes, understands a		ne Compar en extende ee cannot	gner to this ny or Organi d credit bo be revoked	zation, P th now a I or resci	ersons, or nd in the f nded if any	Corporat uture. Gu balance	tions who uarantor remains
Guarantor: X		Guaran	ntor: X				
Signature: X							