



CONTACT INFORMATION AND CUSTOMER FORMS

New Customer Information

Operations

Team: _____ Customer # _____

Date: _____ Do you Require a Specific Mileage Program? (Specify) _____

Customer: _____
(full legal name)

EIN: _____ Sole Proprietorship Partnership Corporation Limited Liability Company Other

Does customer require a written transportation contract? Yes No Date Signed _____

Accounting

Bill to Party _____

Billing Address _____

City/State/Zip _____

Accounts Payable Contact _____ Extension _____

A/P Email Address _____ Chief Financial Officer _____

Telephone # () _____ Fax # () _____

Payment Terms 0-7 Days 8-14 Days 15-30 Days Need POD? Yes No Bill Open? Yes No

Original BOL/POD Required Yes No Do we need a special reference number for billing purposes? Yes No

If yes, which number(s)? _____

Other Special Billing Requirements _____

Accessorial Charges

Unloading Yes No Documentation Yes No

Detention Origin Yes No Documentation Yes No

Detention Destination Yes No Documentation Yes No

Fuel Surcharge Yes No Rate per National Average _____

Out-of-Route Yes No Documentation Yes No

Expedited/Team Driver Yes No Documentation Yes No

Special Instructions for Billing Accessorials _____



CONTACT INFORMATION AND CUSTOMER FORMS

New Customer Information

Credit

Credit Contact _____ DUNS #: _____

Title: _____ Credit Terms: _____

Bank Reference _____ Contact at Bank _____

Broker's Only MC # _____ Bond _____

of Employees _____ Estimated Annual Sales \$ _____

Has the firm or any of its principals ever filed for bankruptcy protection? _____

If yes, explain _____

Mortgage Holder or Landlord _____

Person to Contact about account Name _____ Title _____

Credit Limit Requested? \$ _____ Terms Requested: NET _____ DAYS _____

Signature on this credit application constitutes consent to the terms and conditions of this agreement. Acme General Transportation (Acme) is hereby authorized to check credit references and history and to answer questions regarding your credit history with Acme.

CREDIT AGREEMENT: In consideration of commercial credit extended by Acme, I/we agree to Acme's terms and conditions of sale. Invoices issued will reflect terms of payment. Failure to pay within terms as stated on invoice shall result in the entire balance becoming due and payable. If the account becomes past due and payable, and the balance is referred to an attorney for any reason, I/we agree to pay reasonable attorney's fees, court costs and late fees. I/we agree to pay late charges of 1½ percent per month (18 percent annual percentage rate), or, if less, the maximum allowable by law, computed 30 days from invoice date on any invoice or unpaid part thereof which falls past due. I/we agree to assume responsibility for any authorized accessorial charges.

I/we agree that this agreement has been negotiated in the State of Florida and that minimum contacts with the jurisdiction of the State of Florida have been established. Further, I/we agree to waive any claim of defense based on jurisdiction and/or venue and do voluntarily submit to the jurisdiction and venue of the State of Florida and County of Duval for all matters relating to the collection of our account or other legal issues related to the transaction of business with Acme. This credit application supercedes all previous credit terms or agreements between Acme and the undersigned. Credit terms are net 30 days from the date of the invoice.

The undersigned will / will not (circle one) submit a financial statement.

Name _____ Title _____

ACME CREDIT DEPARTMENT USE ONLY

Date Credit Approved (include amount and terms) _____

Date Credit Denied _____ If denied, is account approved for COD? _____

Comments _____

Name _____

PLEASE COMPLETE THIS FORM AND FAX TO (904) 555-5555