CREDIT APPLICATION & AGREEMENT

Company Name	Credit Line Requested	Credit Line Requested	
Address	City	State	Zip
Phone Number ()	Fax Number ()		
Billing Name			
Billing Address	City	State	Zip
Phone Number ()	Fax Number ()		
DUNS #	Billing RequirementsNoneBOLPOD	OOther	
***** If you would like to rea	ceive your invoices via email please list the email address when	re invoices should l	be sent. *****
<u>Owners (if applicant is a sole propr</u>	<u>ietor or partnership – list social security numbers) or Office</u>	ers (if a corporation	<u>on)</u> :
Name	Title	Address	
SSN			
SSN			·····
Bank Reference:			
Bank Name	Account Nu	Account Number	
Address	Phone Num	Phone Number	
Contact	Fax Numbe	Fax Number	
Trade References:			
Name	Telephone	Fax	
When credit is extended, applicant agrees to agreed rates. Payments are due within <u>30</u> da subject to the receipt of payment by applican this agreement, applicant will pay all collect Carolina National Transportation LLC h	cansportation LLC to obtain credit information about applicant, verbal or write by pay for all freight and related services arranged or provided by Carolina Nat ays from invoice date. Applicant's payment obligations to Carolina National T int from another party and any set offs or deductions are prohibited. In the even tion costs and attorney fees, and consents that any legal action may be within th as offices. This agreement is incorporated into all transportation and other rela ints that the person signing this agreement is authorized to do so.	tional Transportation Fransportation LLC sl t of non-payment or oth ne venue of any state in	LLC at the nall not be er violation of which
Customer's Signature	Date		
Title			
Car	Please fax this application to the Credit Dept. at 843-375-0256. rolina National Transportation LLC agrees to keep the provided cre information confidential.	dit	