## **CREDIT APPLICATION & AGREEMENT**

Company Name	Credit Line R	Requested		
Address	City		State Zip	
Phone Number ()	Fax Number (	)		
Billing Name				
Billing Address	City		State Zip	
Phone Number ()	Fax Number (	)		
DUNS #	Billing RequirementsNoneBO	LPODO	ther	-
***** If you would like to r	receive your invoices via email please list the email	address where invoic	es should be sent. *****	*
<u>Owners (if applicant is a sole prop</u>	<u>prietor or partnership – list social security numbe</u>	ers) or Officers (if a	<u>corporation)</u> :	
Name	Title		Address	
SSN				
Bank Reference:				
Bank Name		_ Account Number		
Address		_ Phone Number		
Contact		_ Fax Number		
Tuo da Dafavon acco				
Trade References:	Talanhana		Eau	
Name	Telephone		Fax	
is extended, applicant agrees to pay for all within <u>30</u> days from invoice date. Applica another party and any set offs or deduction costs and attorney fees, and consents that a	<b>ns, Inc.</b> to obtain credit information about applicant, verbal or wr l freight and related services arranged or provided by <b>Fast Freig</b> unt's payment obligations to <b>Fast Freight Systems, Inc.</b> shall not ns are prohibited. In the event of non-payment or other violation any legal action may be within the venue of any state in which <b>Fa</b> other related agreements entered into by the parties, verbal or wr	t be subject to the receipt o of this agreement, applicar ast Freight Systems, Inc.	reed rates. Payments are due of payment by applicant from nt will pay all collection . has offices. This agreement	
Customer's Signature		Date		
	Please fax this application to the Credit Dept. at 843-			

Please fax this application to the Credit Dept. at 843-375-0256. **Fast Freight Systems, Inc.** agrees to keep the provided credit information confidential.