BUSINESS CREDIT APPLICATION

ADDRESSES & CONTACTS

LEGAL BUSINESS NAME_____ DATE_____

DOING BUSINESS AS_____

MAILING ADDRESS_____

SHIPPING ADDRESS_____

CITY_____ COUNTY_____ ST_____ ZIP_____

PHONE #_____ FAX #_____ WEB ADDRESS_____

FEDERAL ID #_____ YEARS IN BUSINESS_____

TYPE OF BUSINESS: CORPORATION_____ LLC_____ PARTNERSHIP_____ SOLE PROPRIETOR _____

OWNER/PRESIDENT_____ PHONE/EXT_____ E-MAIL_____

ACCOUNTING CONTACT_____ PHONE/EXT_____ E-MAIL_____

FINANCES

BANK_____ PHONE/EXT_____ FAX #_____

ADDRESS_____ BANK CONTACT_____

CITY_____ ST_____ ZIP_____ CHECKING ACCT #_____

ANTICIPATED ANNUAL PURCHASES_____

PLEASE NOTE: Transaver will base your credit limit on the credit references you provide.

REFERENCES

COMPANY_____ PHONE #_____ FAX #_____

CITY, ST, ZIP_____ ACCT #_____

COMPANY_____ PHONE #_____ FAX #_____

CITY, ST, ZIP_____ ACCT #_____

COMPANY_____ PHONE #_____ FAX #_____

CITY, ST, ZIP_____ ACCT #_____

We will establish Net 15 day credit terms and a credit limit once we have received all the paperwork from you and your bank and references have been checked. The undersigned is duly authorized to apply for credit and grants Transaver Freight Services the right to investigate the ferences listed above and perform any other standard business credit investigations. I/We understand that the credit terms are Net 15 days from invoice date. I/We agree to make all payments within these terms and understand that a 1.5% per month finance charge may be assessed on all past due balances. I/We also understand that Transaver Freight Services reserves the right to charge us all court and/or legal costs associated with the collection of past due monies.

_____ _____ _____

SIGNATURE PRINT NAME DATE

Mail or Fax to: Transaver Freight Services 108 Washington Street Manlius, NY 13104 Fax: 315-682-1098

FOR OFFICE USE ONLY APPROVED LIMIT: DATE:

ACCOUNT NO: APPROVED BY: