



Credit Application

Company Name: _____ Additional Trade Names: _____

Type of Company: Corporation Partnership Sole-Proprietors Limited Partner Ship Federal Tax ID#: _____

Billing Address: _____ City: _____ State: _____ Zip Code: _____

(Same as Billing Address)

Physical Address: _____ City: _____ State: _____ Zip Code: _____

Main Phone Number: _____ Main Fax Number: _____

Accounts Payable Information

AP Contact Name: _____ AP E-mail: _____

Title: _____ Phone Number: _____ Fax Number: _____

Required Documents for Invoicing: BOL? Yes No POD? Yes No Reference#: _____

Principal Office / Owners / Partners

1) Name: _____ Address: _____ Title: _____

2) Name: _____ Address: _____ Title: _____

Years in Business: _____ Dun & Bradstreet#: _____ Nature of Business: _____

Bank References

Bank Name: _____ Address: _____ Contact Name: _____

Phone#: _____ Checking Account#: _____ Line of Credit#: _____

We authorize Cargo Express Freight to contact our bank to obtain information that will assist in establishing credit

Authorized Name: _____ Authorized Signature: _____

Trade References

1) Name: _____ Address: _____ Contact: _____

Phone: _____ Fax: _____ E-mail Address: _____ Acct#: _____

2) Name: _____ Address: _____ Contact: _____

Phone: _____ Fax: _____ E-mail Address: _____ Acct#: _____

CARGO EXPRESS FREIGHT POLICY

Payment for all freight bills is to be received at Cargo Express Freight Transportation, Inc., California, CA ("CEF") WITHIN 30 DAYS OF DELIVERY DATE. Accounts which are 31 days old will be considered delinquent and subject to review of credit privilege. A service charge of one and one-half percent monthly (1 1/2 % monthly) may be assessed on all bills 31 days old or older. If collection is made by lawsuit or otherwise, I/We agree to pay all collection costs including reasonable attorney's fees and hereby waive all rights to claim exemption under state laws. If you require a special number to be listed on the invoice for your reference please refer to the above section titled accounts payable information. I/We will not deduct from any freight bill regardless of exempt status for claims issues. Claims will be treated separately and claims forms will be filed, with no right of deduction or offset on CEF invoices. I/We agree that all disputes with CEF will be subject to jurisdiction and resolution in California, CA. The terms and claims sections of this agreement supersede any other contract and/or agreement referencing payment terms or claims with CEF, and I/we expressly agree that additional terms and conditions listed at www.cargoexpressfreight.com are incorporated into this agreement. I/We have read and I/we expressly agree that additional terms and conditions listed at www.cargoexpressfreight.com are incorporated into this agreement. I/we have read this credit policy and agree to abide by its terms.

Authorized Signature: _____ Name: _____ Date: _____

CEF Sales Rep: _____ Amount of Credit Being Requested:\$ _____