

TOP FLIGHT TRANSPORTATION, INC.

Interstate/Intrastate Brokers

USDOT #2214413 - ICC License MC #216484 - Oregon Intrastate License #80

PO Box 747

Beaverton, OR 97075

(503)297-6272 Voice

(503)297-6359 Fax

CUSTOMER ACCOUNT INFORMATION AND CREDIT APPLICATIONPLEASE COMPLETE ALL QUESTIONS ON THIS FORM. THANK YOU.

BUSINESS NAME: _____ VOICE: _____ FAX: _____

LEGAL NAME: _____ WEBSITE: _____

Street Address: _____ CITY: _____ STATE: _____ ZIP: _____

BUSINESS IS: PROPRIETORSHIP [] PARTNERSHIP [] INCORPORATED [] SUBSIDIARY [] - PARENT COMPANY: _____

PRINCIPALS - (OWNERS)

FULL NAME: _____ POSITION: _____ TEL#: _____

ADDRESS: _____ E-MAIL: _____

FULL NAME: _____ POSITION: _____ TEL#: _____

ADDRESS: _____ E-MAIL: _____

BILLING INFORMATION AND REQUIREMENTS: (ACCOUNTS PAYABLE) E-MAIL: _____

SUPERVISOR: _____ REGULAR CONTACT: _____ TEL# _____

BILLING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

Check if required for billing: [] SIGNED PROOF OF DELIVERY [] PURCHASE ORDER # [] PICKUP/ DELIVERY POINTS NOTED [] WEIGHT NOTED [] MILES NOTED [] RATE BROKEN DOWN BY MILES OR WEIGHT [] WEIGHT TICKETS [] TARP AND DROP CHARGES NOTED SEPARATELY [] OTHER: _____**BUSINESS INFORMATION AND REFERENCES:**

BANK: _____ CONTACT: _____ TEL#: _____ DUN & BRADSTREET: _____

BUSINESS START DATE: _____ ANNUAL VOLUME: \$ _____ REQUESTED LINE OF CREDIT \$ _____ FEDERAL ID# (TIN): _____ NACM# _____

MOTOR FREIGHT CARRIER REFERENCES: (THREE [3] REQUIRED)

COMPANY #1: _____ CONTACT: _____ TELE: _____

E-MAIL: _____ FAX: _____

COMPANY #2: _____ CONTACT: _____ TELE: _____

E-MAIL: _____ FAX: _____

COMPANY #3: _____ CONTACT: _____ TELE: _____

E-MAIL: _____ FAX: _____

The undersigned hereby affirms that the information provided herein is in all respects true, accurate and complete and is furnished with the intent that it be relied upon by **TOP FLIGHT TRANSPORTATION, INC.** in extending credit to the applicant and that no information which might affect the decision to extend credit has been withheld.

In consideration of **TOP FLIGHT TRANSPORTATION, INC.** granting credit, the undersigned does hereby jointly, severally, unconditionally, and personally guarantee payment of all present and future debts and liabilities to **TOP FLIGHT TRANSPORTATION, INC.** It is further understood that this guarantee shall be continuing.

The undersigned states he/she is financially able to meet any commitments made, and will pay **TOP FLIGHT TRANSPORTATION, INC.** invoices according to credit terms as defined in this agreement. Should it become necessary to bring collection proceedings against the undersigned, it is agreed payment will be due for, not only the past due balance, but also any reasonable and customary expenses incurred in the collection process, including but not limited to, collection agency fees, attorney's fees as awarded by the court, and court costs.

I/We consent to **TOP FLIGHT TRANSPORTATION, INC.** or associated corporations conducting or causing to be conducted, a credit investigation on a continuing basis to substantiate a line of credit.

I/We understand that the credit terms are payment due, **net 15 days** from date of invoice and agree to pay service charges on overdue amounts at 3% per month, 36% annum. Failure to pay billed charges may result in liens imposed on future shipments.

SIGNED IN THE CITY OF: _____ IN THE STATE OF: _____ THIS DATE: _____

SIGNATURE: _____ PRINTED NAME: _____

**MEMBER OF TRANSPORTATION INTERMEDIARIES ASSOCIATION
(TIA) ID 10175**