

**TOP FLIGHT TRANSPORTATION, INC.**

Interstate/Intrastate Brokers

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

PO Box 747

Beaverton, OR 97005

(503)297-6272 Voice

(503)297-6359 Fax

**CUSTOMER ACCOUNT INFORMATION AND CREDIT APPLICATION**PLEASE 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 &amp; 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