

**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

www.topflighttrans.com

**CUSTOMER ACCOUNT INFORMATION AND CREDIT APPLICATION**PLEASE COMPLETE ALL QUESTIONS ON THIS FORM. THANK YOU.

COMPANY (DBA):	<input type="text"/>	VOICE:	<input type="text"/>	FAX:	<input type="text"/>
LEGAL NAME (if Different):	<input type="text"/>	WEB SITE:	<input type="text"/>		
Street Address:	<input type="text"/>	CITY:	<input type="text"/>	STATE:	<input type="text"/>
				ZIP:	<input type="text"/>

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: (Two [2] REQUIRED)**

COMPANY #1:	_____	CONTACT:	_____	TELE:	_____
E-MAIL:	_____			FAX:	_____
COMPANY #2:	_____	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.

The undersigned affirms the COMPANY making application and listed above 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 COMPANY, 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.** to conducting or causing to be conducted, a credit investigation on a continuing basis to substantiate a line of credit for COMPANY.

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: \_\_\_\_\_ TITLE: \_\_\_\_\_

Authorized Signer

MEMBER OF TRANSPORTATION INTERMEDIARIES ASSOCIATION  
(TIA) ID 10175