

**Customer Profile
and Credit Application**



NAME OF BUSINESS:			
ADDRESS:			
CITY:	STATE:	ZIP:	PHONE:
DESCRIPTION OF BUSINESS			
# OF EMPLOYEES:	TYPE OF BUSINESS:	IN BUSINESS SINCE:	
BUSINESS STRUCTURE: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship			
PARENT COMPANY:			
ACCOUNTS PAYABLE CONTACT			
CONTACT:	TITLE:	EMAIL:	
PHONE:	FAX:	D-U-N-S CODE:	
<p>IN THE EVENT YOU USE THIRD PARTY PAYMENT SERVICES, you are placing your company's credit reputation in the hands of other parties and ultimately remain responsible for timely of invoices regardless of any agreements you make with the third party. Payment must be made in accordance with the terms of the tariff. Contract and/or rules tariff which is 30 days. Non-payment of invoices may be cause for suspension of credit and other penalties.</p>			
TRADE REFERENCES			
FIRM NAME	CONTACT NAME	TELEPHONE	ACCOUNT OPEN SINCE
<p><u>CONFIRMATIONS OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY</u> I hereby certify that the information in this credit application is correct. The information included in this credit application is to be used to determine the amount and conditions of credit to be extended. I understand that the other sources of credit considered necessary in making the determination may also be used. Further, Thereby authorize the bank and trade references listed in this credit application to release the information necessary to assist in establishing a line of credit.</p>			
<p>Customer understands and agrees to pay within FREIGHTMASTERS LOGISTICS INC. terms, which are <u>thirty (30) days from invoice date</u>. Should collection and or legal action be necessary to collect an outstanding obligation, customer agrees to pay all collection and legal fees. FREIGHTMASTERS LOGISTICS INC. reserves all rights and remedies afforded to us in accordance with Minnesota laws for the collection of an outstanding debt.</p>			
SIGNATURE:	PRINTED NAME:	TITLE:	DATE:
<p>PLEASE FILL OUT THIS NEW CUSTOMER PROFILE AND APPLICATION AND FAX TO: F:(651) 454-2786 OR EMAIL TO opsmsp@freightmasters.com Freightmasters Logistics Inc., 3173 Dodd Rd Suite B, Eagan MN 55121 P:(651)688-6800</p>			