

CREDIT APPLICATION

COMPANY INFORMATION

*Full Legal Name/Business Entity:		
Doing Business As (DBA):		
Subsidiary/Division of:		
*Street Address:		RFC # (MX Only):
*City:	*State:	*ZIP Code:
Website:		
*Phone #:	*Fax #:	

BUSINESS CREDIT INFORMATION

*Credit Limit Requested:		
*Federal Tax ID:	*State Incorporated:	*Year Business Established:
*Company Type (Check One):		
<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership		

PRINCIPAL OFFICERS

Name:	Title:
Name:	Title:
Name:	Title:

BILLING INFORMATION

*Company Name:		
*Mailing Address:		RFC # (MX Only):
*City:	*State:	*ZIP Code:
*Phone #:	*Fax #:	
*Accounts Payable Contact Name:		
*Contact Email Address:		
*Invoice Distribution:	<input type="checkbox"/> Send Invoices via Email to: <input type="checkbox"/> EDI - Requires short term instructions while EDI is set up. *Select Email or Print and Mail for initial set up.	
<input type="checkbox"/> Print and Mail		

Please attach any special Billing Instructions required to pay invoices in a timely manner

TERMS & FREIGHT CHARGES

Payment terms on all invoices are net 30 days from date of invoice. We agree that upon approval of this application that we will abide by the credit terms and limits established by Quality Carriers, Inc. Credit privileges are subject to immediate suspension or revocation if any undisputed invoices are not paid within payment terms or if balance due at any time exceeds Quality Carriers, Inc. approved credit limit.

We acknowledge that for any third party billing, requested by us, we accept responsibility for payment in the event the third party fails to pay.

In the event that we are obligated to pursue legal action to collect on a debt, Quality Carriers, Inc. will add collection and legal fees to the balance of the account to cover the costs associated with said collection of debt.

AUTHORIZATION - Please see Page 2

BANKING REFERENCE		
Bank Name:	Phone #:	Fax #:
Address:		City/State/Zip:
Contact Name:		Contact Email:

TRADE REFERENCES		
1) Company Name:	Phone #:	Fax #:
Address:		City/State/Zip:
Contact Name:		Contact Email:
2) Company Name:	Phone #:	Fax #:
Address:		City/State/Zip:
Contact Name:		Contact Email:
3) Company Name:	Phone #:	Fax #:
Address:		City/State/Zip:
Contact Name:		Contact Email:

By signing this application, we certify the above furnished information to be true and accurate. I authorize Quality Carriers, Inc. to obtain and exchange credit and financial information on our Company, in order to establish credit requested in this application. We further authorize Quality Carriers, Inc. to share the information received from our consumer credit reports with Quality Carriers, Inc's parent, subsidiaries and affiliates.

If requested, Quality Carriers, Inc. will notify us whether our consumer credit report was requested and, if so, provide us with the name and address of the consumer credit reporting agency that furnished the report.

*Print Name:	*Title:
*Signature:	*Date:

CORPORATE USE ONLY	
Credit Risk Rating:	
Credit Limit Approved:	
Account #:	
Approved By:	Date: