

CREDIT APPLICATION & AGREEMENT



Agent for Interide Logistics

BUSINESS CONTACT INFORMATION

Applicant Business Name _____

DBA / Trade Name _____ Type of Business _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Billing Address (if different) _____ City _____ State _____ Zip _____

AP Contact Phone _____ Fax _____ E-mail _____

Billing Instructions _____ Bill Miles Type _____ Version _____

Federal ID _____ MC _____ Date Business Started/Acquired _____

CREDIT/TRADE REFERENCES

Banking Reference: Bank Name _____ Acct No _____ Avg Balance _____

Branch (City/State) _____ Bank Contact _____ Tel _____

Trade References: Please list two major business references

1. Company Name _____ City/State _____

Phone _____ Contact _____ Annual Volume _____

2. Company Name _____ City/State _____

Phone _____ Contact _____ Annual Volume _____

CREDIT APPLICATION & AGREEMENT – TERMS AND CONDITIONS

Applicant agrees to pay Interide Logistics LC the full invoice price for all purchases within thirty (30) days of invoice date. Thereafter, Applicant agrees to pay, in addition to any balance owed, a service charge of one and one-half percent (1.5%) per month on all past due amounts, and all other costs and expenses incurred in collecting the amounts owed by Applicant, including any court costs, attorneys' fees, and/or collection agency fees, and further waive all rights to claim exemption under state laws. Payment of invoices may not be deducted or postponed due to alleged loss or damage, and payment obligations shall not be subject to receipt of payment from any other party. Invoices must be paid before a freight claim will be reviewed or honored. Original bills of lading will not be provided. This Agreement shall be governed, enforced and interpreted in accordance with the laws of the State of Utah without giving effect to any conflicts of law provision. Litigation of any disputes shall take place in the courts situated in Salt Lake City, Utah. This Agreement supersedes any other contract or agreement describing payment terms or claims handling. The rights and remedies stated herein are cumulative and are in addition to any other rights or remedies provided by law. Applicant certifies that all information contained herein, or hereafter supplied, is both accurate and complete.

The undersigned represents and warrants that he/she has full authority to execute this Agreement on behalf of Applicant, and further acknowledges that Applicant agrees to be bound by the above Terms and Conditions.

Signed _____ Title _____ Date _____

(Manager, Officer or Executive Only)

Name _____ Phone _____ Email _____

PAYMENT REMITTANCE

INTERIDE LOGISTICS LC

PO BOX 2999

Phoenix, AZ 85062-2999

Wires: Wells Fargo Bank; Acct# 4131240186; ABA# 107005432

Tel 801.487.1800 -- credit@InterideLogistics.com -- Fax 801.805.6100

www.InterideLogistics.com