



CREDIT APPLICATION

EBuyFreight appreciates the opportunity to provide you with our services. EBuyFreight will accordingly extend credit terms to qualified customers. If you wish to open an account, please complete this application and return it to our office. We will not initiate any services until approval is confirmed.

Company Information:

Name of Company: _____ Date: _____
Street Address: _____ City: _____
State: _____ Zip Code: _____ Phone Number: () _____
Fax Number: () _____
Type of Business: _____ FEIN Number: _____

Owner(s)/ Officer(s) Information:

Check One of The Following: Corporation Partnership Proprietorship Personal
(If incorporated, please list names of Officers. If a Partnership/ Proprietorship, please include information of Owners.)

Name: _____ Social Security #: _____
Street: _____ City: _____
State: _____ Zip Code: _____ Home Phone #: _____

Name: _____ Social Security #: _____
Street: _____ City: _____
State: _____ Zip Code: _____ Home Phone #: _____

Business References:

1) Company Name: _____ Account Number: _____
Street Address: _____ City: _____
State: _____ Zip Code: _____ Phone Number: _____
Fax Number: () _____

2) Company Name: _____ Account Number: _____
Street Address: _____ City: _____
State: _____ Zip Code: _____ Phone Number: _____
Fax Number: () _____

3) Company Name: _____ Account Number: _____
Street Address: _____ City: _____
State: _____ Zip Code: _____ Phone Number: _____
Fax Number: () _____

Bank Reference:

Bank Name: _____ Account Number: _____
Street Address: _____ City: _____
State: _____ Zip Code: _____ Contact: _____
Phone Number: () _____ Fax Number: () _____

Applicant Must Read and Sign

I hereby certify that I am duly authorized to make this application and allow verification of the above information. All payments due hereunder shall be made within 20 calendar days of the date of the invoice. Payment of charges not received within 20 calendar days of the date of invoice will be considered late and access to your account with EBUYFREIGHT may be suspended until payment has been made. I guarantee payment of all bills when due and acknowledge a delinquency at 1 3/4% per month of the average outstanding balance due, or the maximum allowable interest rate by law, whichever is less, until paid. By signing this application you understand and acknowledge that you agree to the terms as stated above and the EBUYFREIGHT standard TERMS AND CONDITIONS incorporated herein by reference and available on the EBUYFREIGHT web portal.

Name: _____ Signature: _____ Title: _____

