

***FREIGHT SOLUTIONS LLC***  
***"FOR ALL YOUR SHIPPING NEEDS"***

**New Account / Credit Application**

PO Box 79431

Corona, CA 92877-0188

E-Mail: [jbaker@yourfsnow.com](mailto:jbaker@yourfsnow.com) \* Phone: (951) 520-1217 \* Fax: (951) 520-8581

**Company Information:**

Name: \_\_\_\_\_

Federal Tax ID/SSN: \_\_\_\_\_

Address: \_\_\_\_\_

D&B Number: \_\_\_\_\_

City: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

If Branch, Home Office Name and address:

If Subsidiary, Parent Name and Address:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Type of Business:     Corporation     Proprietorship     Partnership     LLC,LLP

Nature of Business: \_\_\_\_\_

State/Province: (If corporation, state of incorporation) \_\_\_\_\_

Estimated Monthly Credit Requirements: \$ \_\_\_\_\_

**Invoicing Information:**

**Mailing Name and Address** (If different than above):

Name: \_\_\_\_\_

A/P Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Fax #: \_\_\_\_\_

Zip: \_\_\_\_\_

Billing Requirements: \_\_\_\_\_

**Principal Owners – Stockholders – Partners – Officers of Company:**

Name	Mailing Address	City	State	Title
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Bank References:**

Bank Name: _____	Banking Official: _____
Address: _____	Type of Account: _____
City: _____ State: _____	Bank Account #: _____
Zip: _____	Phone #: _____
	Fax #: _____

**Carrier References (Minimum of Two Required):**

Carrier Name: _____	Phone #: _____
Carrier Name: _____	Phone #: _____
Carrier Name: _____	Phone #: _____

**Agreement**

The above information is for the purpose of obtaining credit and is warranted to be true. I/we authorize Freight Solutions LLC to investigate references and history pertaining to my/our credit; certify familiarity with and agree to abide by Federal rules and regulations pertaining to payment of transportation services and understand that under Federal Law, Freight Solutions LLC is required to cut off credit when a customer exceeds the time allowed for payment.

Freight Solutions LLC's payment terms are thirty (30) calendar days from the date of invoice unless otherwise specified in a written agreement executed by the applicant and Freight Solutions LLC. Failure to pay freight charges accordingly may subject the payer to late payment fees of 10% of invoice amount if payment is not received within sixty (60) days from the date of invoice. Additionally, should applicant's account is turned to an outside collection agency; applicant agrees to incur the full cost of outside collections.

Name of Authorized Representative: (Print) \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_