

Streamline Shippers & Affiliates

CREDIT APPLICATION

Please Print or Type - All applicants must complete this section:

Firm Name (Complete Legal Name)			DBA Name (if any)		
Business Address	City	State	Zip Code	Phone ()	
Federal Tax ID #	Dunn & Bradstreet #	Fax ()	e-mail address	Web Site	
Billing Address (if different from above)	City	State	Zip Code	Phone ()	
Type of Business / Product	Yrs. in Bus. / State Inc In.	Date Present Ownership Began	Ever Filed Bankruptcy? No Yes Year		

If Partnership or Single Proprietorship, please complete the following section:

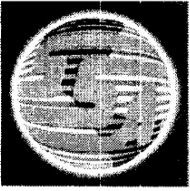
Owner / Partner Name			Social Security Number		
Home Street Address	Rent or Own	City	State	Zip Code	Home Phone ()
Partner Name			Social Security Number		
Home Street Address	Rent or Own	City	State	Zip Code	Home Phone ()

If Business has been in operation less than one year, please complete the following section:

Name of Previous Business, if any	Name of Previous Employer
Address	Address

Trade References - All applicants must complete this section, minimum of three companies.

Company Name	Address	City	State	Zip Code	Phone ()	Fax ()
Company Name	Address	City	State	Zip Code	Phone ()	Fax ()
Company Name	Address	City	State	Zip Code	Phone ()	Fax ()
Company Name	Address	City	State	Zip Code	Phone ()	Fax ()



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CREDIT APPLICATION (Cont.)

Bank References – All applicants must complete this section:

Bank Name	Type of Account	Account Number	Branch	Bank Officer's Name
_____	_____	_____	_____	_____

All applicants must complete this section:

Amount of Credit Requested \$ _____
Special Billing Instructions: _____
Please check here if financial statements or additional credit information is attached: _____
ACH DISCLAIMER: When you provide a check, you authorize us to use information from your check to make a one-time electronic fund transfer from your account. If we use your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution. Please initial _____.

Guarantee of Payment:

<p>The undersigned guarantees fully, without reservation or offset the payment of any sums due from the "Applicant" in the even that said Applicant fails to pay any such sum when and as due. The undersigned waives notice of default and demand for payment and agrees to pay all expenses of collection, including reasonable attorney's fees and any applicable interest thereon. This guaranty shall be enforceable as to all. The undersigned hereby gives permission to use any tools necessary to determine credit worthiness. Applicant's debts, liabilities, and obligations incurred, despite Applicants discharge and bankruptcy or despite adjustment of such debts, liabilities and obligations and solvency proceeding or pursuant to some other compromise with creditors. This shall be a continuing guarantee and shall remain in full force and effect until written notice is received from the undersigned to be released from further or future liability hereunder.</p>		
_____	_____	_____
Name of Guarantor (Print or Type)	Signature of Guarantor	Date
<p>If credit is granted (I) (We) promise to pay freight and other related charges within twenty one (21) days of the Bill of Lading issuance. A service charge of 1 ½ % per month will be added to (My) (Our) past due account. In the event payment is not made and (My) (Our) account is referred to a collection agency, (I) (We) will pay all costs of collection. If legal action is required (I) (We) will pay reasonable attorneys fees resulting from such action.</p>		

All applicants must complete this section:

For the purpose of obtaining credit with Streamline Shippers & Associates, Inc., I declare the information to be true and accurate. If credit is granted (I) (We) promise to pay freight and other related charges within twenty one (21) days of the Bill of Lading issuance. If legal action is initiated in order to collect charges, any judgment shall include reasonable attorney fees and all court costs. (I) (We) authorize the above listed Bank(s) and trade references to release the credit or financial information requested.

_____	_____	_____
Authorized Individual's Name (Print or Type)	Authorized Individual's Signature	Date



Streamline Shippers & Affiliates

Account Set-Up / Profile Form

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country (if other than U.S.A.): _____

Phone No: (_____) _____ Fax No: (_____) _____

Contact: _____ Title: _____

E-Mail Address: _____

Website: _____

Commodity / Products: _____

Billing Address or P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Contact: _____ Title: _____

COMMENTS OR SPECIAL INSTRUCTIONS: _____

Streamline Shippers & Affiliates Representative: _____ Territory No: _____

Do Not Use This Section of the Form...Company Applied Information ONLY

CUSTOMER IDENTIFICATION NOS: _____ DATE: _____