

Freight Management, Inc.

Application for Credit
Fax Back to 630-627-7026

Company Information:

FMI Contact: _____

Company Name: _____

Phone Number: _____ Fax Number: _____

Address: _____

City: _____ State: _____ Zip: _____

If Branch, Home Office Name & Address: _____

If Subsidiary, Parent Name & Address: _____

Type of Business: Corporation Partnership Proprietorship

Nature of Business: _____ SIC Code: _____

Number of Locations: _____ D-U-N-S Number: _____

Annual Sales: _____ Credit Amount Requested: _____

Invoicing Information:

Do you need a "Bill of Lading" with invoice? _____

Do you need "Proof of Delivery" with invoice? _____

Remit to (Company Name): _____

Street/PO Box: _____

City: _____ State: _____ Zip: _____

Contact Information:

Accounts Payable Contact: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Traffic Department Contact: _____

The information is for the purpose of obtaining an account and/or establishing credit with Freight Management, Inc. I certify that all information is correct. I understand your credit terms require payment within 15 days and agree to comply with those terms. If any legal action is brought to collect money for goods or merchandise sold pursuant to this credit application, Freight Management, Inc. shall be entitled to recover reasonable attorney's fees from the party listed above. These may be set by the court in the same action or in separate action brought for that purpose and are in addition to any other relief to which Freight Management, Inc. may be entitled.

Signature: _____

Date: _____

Print: _____