



APPLICATION FOR CREDIT

****THE FOLLOWING MUST BE PROVIDED AND WILL BE HELD IN STRICT CONFIDENCE****

Company/Business Name: _____
Physical Address: _____ City: _____ State: _____ Zip: _____
Billing Address (if different): _____
Telephone: _____ Fax: _____ Website: _____
_____ Corporation _____ Partnership _____ Individual

Years in Business: _____ Federal Tax ID#: _____ DUNS# _____
Owner's Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____ Email: _____
Accounts Payable Contact: _____ Title: _____
Telephone: _____ Fax: _____ Email: _____
Special Billing Requirements: _____

BANK INFORMATION

Name of Bank: _____
Contact Person: _____ Phone: _____ Fax: _____
Account Numbers: _____

CARRIER REFERENCES

Carrier: _____ Phone: _____ Email: _____
Carrier: _____ Phone: _____ Email: _____
Carrier: _____ Phone: _____ Email: _____

Shipper agrees to and will abide by the following:

- 1. To immediately notify MO&E Logistics of any change of ownership, name, address, or any contact information for the Owner or Accounts Payable Contact.
- 2. If granted credit, Shipper agrees to pay all freight bills within twenty-one (21) days of receipt.
- 3. In case of claim, any payments due to MO&E Logistics will not be subject to withholding in lieu of insurance settlement.
- 4. I authorize the release of credit information to MO&E Logistics, which will be held in strict confidence by MO&E Logistics.
- 5. If outside collectios are required, Shipper agrees to pay all reasonable attorney fees and collection related costs. We acknowledge that amounts past due may be charged interest at the maximum amount allowable by law.
- 6. We understand that MO&E Logistics is a Broker and not a Carrier and does not assume liability as a Carrier.

I am an authorized representative of the company and have the authority to execute this document. I have carefully reviewed the representations set forth above and certify all such representations to be complete and correct to the best of my knowledge. I grant permission to verify credit information from Bank and Carrier references provided, and to make all pertinent credit inquiries as deemed necessary to make a credit determination.

Shipper Company/Business Name: _____

Signature of Authorized Representative: _____ Date: _____