

**Boulet Freight Management, Inc.**  
**CREDIT APPLICATION FOR A BUSINESS ACCOUNT**

**BUSINESS CONTACT INFORMATION**

Name & Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

**BUSINESS AND CREDIT INFORMATION**

Primary business address:			
City:	State:	ZIP Code:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
Type of account	Account number		
Savings			
Checking			
Other			

**BUSINESS/TRADE REFERENCES**

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			

**AGREEMENT**

1. Invoices are sent as services are rendered.
2. All invoices become payable in full 30 days from the date of invoice and if not paid by the due date are considered past due.
3. A service charge of 1.5% per month will be added to all overdue invoices at the end of each month.
4. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department.
5. **PERSONAL GUARANTEE:** If the credit customer is a corporation or LLC, then those signing this application, whether or not signing as an officer or manager, personally guarantee payment for all items purchased or services rendered on credit by the corporation or LLC.

I represent that the above information is true and is provided to induce Boulet Freight Management, Inc. to extend credit to the applicant. My company and I authorize Boulet Freight Management, Inc. to make such credit investigation as they see fit, including contacting the above trade references, banks, and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to Boulet Freight Management, Inc. any and all information concerning the financial and credit history of my company and myself. Copies or facsimiles of signatures herein will be deemed as originals for the purposes of this document.

**I have read the terms and conditions stated above and agree to all of those terms and conditions.**

Authorized Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_ 20\_\_\_\_

**Please return this application to us via fax to 207-453-4560 and mail the original to:  
Boulet Freight Management, Inc., PO Box 357, Fairfield ME 04937-0357**