



Credit Application/Agreement

Business Name: _____
(List all Trade Names, DBA's; Divisions or Subsidiaries)

Street Address _____ City _____ State _____ Zip _____

Phone: _____ Fax: _____ E-Mail: _____

Tax ID/FEIN#: _____ D&B#: _____ Yrs In Business: _____

Billing Address: _____ City _____ State: _____ Zip: _____
(if different from above)

Billing Phone: _____ Fax: _____ E-Mail: _____

Sales Contact: _____ Billing Contact: _____

BANKING INFORMATION

Bank _____ Contact _____ Phone _____

TRADE REFERENCES

<u>Company Name</u>	<u>Contact</u>	<u>Fax#</u>	<u>E-Mail</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

The preceding information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize **Atomic Transport, LLC** to investigate all references and customary credit information sources including consumer credit reporting repositories regarding our credit and financial responsibility for the purpose of obtaining credit and for periodic review for the purpose of maintaining the credit relationship. I/We certify that this request is for the extension of credit for business purposes only and not for the extension of credit for personal, family or household purposes.

CREDIT TERMS: **All invoices are due thirty (30) days from the invoice date.** A service charge of one and one half percent (1 ½% per month), or (18% per annum) or the highest legal rate, whichever is less may be assessed on delinquent invoices. C.O.D. restrictions may be placed on any past due account. In the event of default, and if this account is turned over to an agency and/or an attorney for collection, the undersigned agrees to pay all reasonable attorney fees, and/or costs of collection whether or not suit is filed.

All amounts due are payable (net 30 days) to:

Atomic Transport, LLC
7366 N Lincoln Ave. Suite 105
Lincolnwood, IL 60712

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY IN ACCORDANCE WITH ABOVE TERMS:

Signature

Printed Name & Title



PAPERLESS BILLING

→ IT'S FREE, CONVENIENT & HELPS THE ENVIRONMENT - GO GREEN!!

→ ENROLL TODAY FOR INCREASED BILLING/PAYABLES EFFICIENCY - SAVE TIME AND MONEY!!

→ NO CHANGE TO BACK-UP PAPERWORK - BILLING REQUIREMENTS WILL STILL BE MET!!

CUSTOMER

NAME: _____

PAPERLESS BILLING

SEND INVOICES BY EMAIL

E-mail Address: _____

Contact Name: _____

Contact Phone: _____

PAPERWORK REQUIREMENTS (Check All That Apply)

INVOICE ONLY

*** ALL PAPERWORK WILL STILL BE PROVIDED IMMEDIATELY UPON REQUEST ***

BOL/POD

SCALE TICKETS

LUMPER RECPTS

OTHER: _____

By signing, I hereby certify that I am an officer of the company or an authorized signer on the customer's behalf. I also hereby certify that the foregoing information is true and accurate. Enrollment will continue until cancelled in writing by either party.

CUSTOMER'S Signature

DATE

PRINTED NAME

TITLE

RETURN TO: ATOMIC TRANSPORT, LLC - Accounting Department

accounting@atomictransportation.com

OR FAX TO (847) 739-7162

7366 N. LINCOLN AVE. #105, LINCOLNWOOD, IL 60712 www.atomictransportation.com