

Credit Application & Agreement

Shippers Resource Center, Inc.

900 West 128th Street, Suite 111

Burnsville, MN 55337-2455

Telephone: 952-224-2400

Fax: 952-314-4723

NEW CUSTOMER INFORMATION

Date: _____ Company Name: _____

A/P Contact: _____ Phone: _____

Email: _____ Fax: _____

Mailing Address: _____

Street

City

State

Zip

Type of Ownership: Corporation _____ Partnership _____ Sole Proprietorship _____ Other _____

Affiliated Companies: _____

Type of Business: _____ Year Business was Started: _____

President/Owner: _____ Phone: _____

Chief Financial Officer: _____ Phone: _____

Financial Institution:

Name: _____ Contact: _____

Street Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____ Account No: _____

AUTHORIZATION

I hereby authorize the release of all information requested by Shippers Resource Center, Inc. pertaining to the above account number and any other accounts held at the above financial institution.

Print Company Name

Date: _____

By: _____
Signature of Authorized Party and Title

Print Name of Authorized Party

Credit Application & Agreement

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900 West 128th Street, Suite 111

Burnsville, MN 55337-2455

Telephone: 952-224-2400

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CREDIT AGREEMENT

Applicant hereby applies for the extension of credit for the payment of freight charges to Shippers Resource Center, Inc. and agrees as follows:

1. The person executing this Credit Application & Agreement is authorized to do so and all statements contained in this agreement and any attachments or addendums thereto are true and correct.
2. The applicant hereby authorizes Shippers Resource Center, Inc. to obtain any information it considers necessary or advisable from any credit-reporting source concerning the applicant and the applicant's credit history.
3. Unless otherwise agreed to in advance and in writing, the applicant agrees (a) to pay each invoice issued by Shippers Resource Center, Inc. within fifteen (15) days from the date of the invoice; (b) to pay a 5% late fee on any amount not paid within that fifteen (15) day period; and (c) to pay a finance charge of 1.5% per month on any amount not paid within thirty days of the date of the invoice. The day Shippers Resource Center, Inc. actually receives the payment is the date the invoice is considered paid.
4. The applicant hereby acknowledges that Shippers Resource Center, Inc. is duly licensed by the Federal Highway Administration as a broker of transportation by motor carrier and is not a motor carrier. If the applicant incurs a loss or damage claim, the applicant agrees to make a timely claim against the carrier for such loss or damage and agrees not to off-set all or any part of such claim against any amounts due to Shippers Resource Center, Inc.
5. If the applicant breaches any term of this agreement including the payment of moneys due pursuant to this agreement, applicant shall pay all costs incurred by Shippers Resource Center, Inc. in enforcing the terms of this agreement including, but not limited to, reasonable attorney's fees, whether or not legal proceedings are commenced.
6. This agreement has been negotiated in the State of Minnesota and that minimum contacts with the jurisdiction of the State of Minnesota have been established. The applicant waives any claim of defense based on jurisdiction and/or venue and does voluntarily submit to the jurisdiction and venue of the State of Minnesota and County of Dakota for all matters relating to this agreement including the collection of moneys due pursuant to this agreement and all other legal issues related to the transaction of business between the parties.

Print Company Name

Date: _____

By: _____
Signature of Authorized Person and Title

Print name of Authorized Person

TRADE REFERENCES

Please complete the following information for four trade references or attach a sheet with the same information to the credit application.

Company Name: _____ Contact: _____

Street Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____ Account No: _____

Company Name: _____ Contact: _____

Street Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____ Account No: _____

Company Name: _____ Contact: _____

Street Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____ Account No: _____

Company Name: _____ Contact: _____

Street Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____ Account No: _____

AUTHORIZATION

I (we) hereby authorize the above name references to release information requested by Shippers Resource Center, Inc.

Print Company Name

Date: _____

By: _____
Signature of Authorized Party and Title

Print Name of Authorized Party