



SELECT LOGISTICS NETWORK INC.

P. O. BOX 496
CLINTON, IL
61727

PH 217-935-6543
800-353-9113
FAX 217-935-0056

YOUR
TRANSPORTATION
SPECIALISTS

CREDIT APPLICATION

FIRM'S LEGAL NAME: _____

DBA: _____

DATE BUSINESS ESTABLISHED: _____

DUN & BRADSTREET NUMBER: _____

PHYSICAL ADDRESS: _____

CITY, STATE, ZIP: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____ FAX: _____

TYPE OF ENTITY:

() CORPORATION INCORPORATED IN STATE OF _____

DATE INCORPORATED _____

() PARTNERSHIP

() SOLE PROPRIETOR

(1) NAME OF PRINCIPAL _____

ADDRESS: _____

TELEPHONE: _____ DUNS# _____

(2) NAME OF PRINCIPAL _____

ADDRESS: _____

TELEPHONE: _____ DUNS# _____

NAME(S) OF CORPORATE OFFICER(S);

SS# _____

SS# _____

SS# _____

SS# _____

BANK REFERENCE

NAME: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

BANK OFFICER: _____ ACCOUNT# _____

CARRIER REFERENCES (UNITED STATES BASED CARRIERS PREFERRED)

1. BUSINESS NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
CONTACT PERSON: _____ TELEPHONE: _____
2. BUSINESS NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
CONTACT PERSON: _____ TELEPHONE: _____
3. BUSINESS NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
CONTACT PERSON: _____ TELEPHONE: _____

OUR CREDIT TERMS ARE FIFTEEN (15) CALENDAR DAYS FROM DATE SHOWN ON SELECT LOGISTICS NETWORK INC'S INVOICE. IF PAYMENT IS NOT MADE WITHIN PAYMENT TERMS, THE DEFAULTING PARTY SHALL BE RESPONSIBLE FOR REIMBURSEMENT OF ALL LEGAL FEES AND ALL OTHER COLLECTION COSTS INCURRED IN THE PURSUIT OF COLLECTION OF AGREED MONIES STATED ON THIS CONFIRMATION. PARTIES AGREE THAT ANY DISPUTES WILL BE GOVERNED BY ILLINOIS LAW AND THE PROPER VENUE FOR LITIGATION WILL BE DEWITT COUNTY, IL. LATE FEES OF 15% FIGURED MONTHLY, AFTER PAYMENT TERMS. TERMS WITHIN THIS DOCUMENT ARE STATED IN USD CURRENCY.

I HEREBY CERTIFY THAT ALL THE INFORMATION ON THIS FORM IS CORRECT AND THAT I FULLY UNDERSTAND THE CREDIT TERS SET FORTH ABOVE.

PLEASE COMPLETE AND RETURN BY EITHER FAXING TO 217-935-0056 OR EMAILING TO lisa@selectlogistics.net. THANK YOU VERY MUCH FOR YOUR ASSISTANCE.

SIGNATURE OF OFFICER

NAME (PLEASE PRINT LEGIBLY)

DATE: _____

TITLE: _____