Company Name: Contact:				
Billing Address:			Zip:	
Physical Address:				
Telephone: ()	Fax: ()			
President:	Accounts Payable Contact:			
Type of Business: Corporation: Partr	nership:Sole Prop	rietor : Otl	her:	
Parent Company:	Branches:			
Has Ownership Changed In The Past Year:	Years In Busines	Years In Business:		
Freight Payment Schedule: Net Days	Are You Curren			
D&B Number:				
Panking Information				
Bank Name:	Phone: ()_			
Bank Name:				
Account #Credit Line Account#	Contact:			
Applicant Signature:	Fillited Name	Printed Name:		
This application will also serve as an authorization to rele				
any creditors who may need authorization from you, the supplied to the company for which you are applying for or				
supplied to the company for which you are applying for t	credit. This also authorizes co	ompanies to PAX L	rack their reply to us.	
Trade References				
·				
Company Name:				
City: State	Phone: ()_			
Company Name:	Contact:			
City: State	Phone: ()_			
	_			
Company Name:				
City: State	Phone: ()_			
	2			
Company Name:				
City: State	Phone: ()_			
<u>Carrier References</u>				
Company Name:	Contact:			
City:State	Phone: ()_			
StateState				
Company Name:	Contact:			
City:State	Phone: ()_			
State	/_			

Terms & Conditions:

The applicant(s) executing this Application and Agreement (*Customer*) hereby agree(s) that payment for all services is subject to the following terms and conditions:

- Customer agrees that all amounts due for services provided by "TSS Logistics International LLC" and/or any of its subsidiaries or affiliates, (collectively the "Company) are payable at TSS Logistics International LLC. 3670 Maguire Blvd. Orlando, FL 32803
- 2. Customer agrees that all amounts due are not payable in installments, but are payable (Net 15) days from date of invoice. Company reserves the right to demand payment of all past due freight charges as a pre-condition for releasing any shipment(s) at destination. This right includes the right to demand payment upon delivery of shipment(s) at any time. If any amount due is not paid within said period, a delinquency charge of 5% per month of the delinquent balance shall be added to the sum due.
- 3. In the event the Account becomes delinquent and is turned over for collection, Customer agrees to pay all costs of collection including reasonable attorney fees and court costs. It is agreed that customer will become C.O.D if customer fails to pay terms.
- 4. Customer agrees to notify Company by certified mail of any changes in ownership of Customer and further agrees to be liable for all losses incurred as a result of failure to comply with said notifications.
- 5. Customer authorizes the Company and/or its Credit Agency(s) to investigate all credit history, bank reference and any other information required to process this application and as it deems necessary in the future.
- 6. Person signing this document is an authorized representative and has authority to execute this document.

Date:	_
Officer, Owner or Partner:	
Title:	
Type or Print Name:	