



CUSTOMER CREDIT APPLICATION

COMPANY INFORMATION

All fields must be filled out for processing

Name of Business: _____

Street Address: _____

Phone #: _____

City: _____

State: _____

Postal Code: _____

Fax #: _____

Billing Address (if different): _____

Billing E-mail Address: _____

Business Type: _____

Date Established: _____

D&B Number: _____

EIN #: _____

Estimated # of shipments per month: _____

Credit Limit Requested: _____

CONTACTS

President/Owner: _____

CFO/Controller: _____

Accounting Contact: _____

Phone #: _____

BANK REFERENCE

Financial Institution: _____

Branch: _____

Contact Name: _____

Phone #: _____

Fax #: _____

TRADE REFERENCES

Company Name: _____

Account Number: _____

Phone #: _____

Fax #: _____

Contact Name: _____

Company Name: _____

Account Number: _____

Phone #: _____

Fax #: _____

Contact Name: _____

Company Name: _____

Account Number: _____

Phone #: _____

Fax #: _____

Contact Name: _____

CUSTOMER AGREEMENT

The above named credit application certifies that the foregoing information is true and correct. We authorize the above listed Bank and Credit references to release information to Archgate TMS, Inc for use in the evaluation of the credit request. We also authorize Archgate TMS, Inc to obtain a credit report. It is hereby agreed that freight charges will be payable within 21 days and cannot and will not be held due to unsettled claims. Any amount not paid may be subject to an interest charge of 2% per month. It is understood that our signature of this document binds us to the terms and conditions of Archgate TMS, Inc published at www.efsw.com

Authorized Signature _____

Title _____

Print Name _____

Date _____

PLEASE Send THE COMPLETED AND SIGNED APPLICATION TO sales@archgatetms.com
ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL