

JB HARRIS TRANSPORT AND LOGISTICS / 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 JB Harris Logistics, LLC and JB Harris Transport, LLC. for use in the evaluation of the credit request. We also authorize JB Harris Logistics, LLC. to obtain a credit report. It is hereby agreed that freight charges will be payable within 30 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.

Authorized Signature _____ Title _____

Print Name _____ Date _____

TRANSPORTATION SERVICE AGREEMENT

JB Harris Logistics, LLC and JB Harris Transport, LLC is/has been appointed as one of our approved transportation suppliers.

Effective Date: _____ (print date of approval or today's date)

Signature of Shipper: _____ Printed Name: _____

Company Name: _____

PLEASE FAX THE COMPLETED AND SIGNED APPLICATION TO 770-251-8927 – ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL