

Type of account desired: C.O.D. Credit - Requested Credit Amount \$ _____

For The Expediter Office Use
Acct: _____
Terms: _____
S/P: _____

Account name: _____ Federal ID. #: _____
 Contact name: _____ Resale tax #: _____
 Tel #: _____ 2nd Tel #: _____
 Fax #: _____ E-mail: _____
 Billing address: _____ Shipping address: (if different) _____

Date established: _____ Is PO# required? _____ Number of employees: _____ How long at this location: _____

Purchasers: _____
 Accounting contact: _____ Business in County of: _____
 Branch, division, or subsidiary of: _____
 Home office address: _____ Tel #: _____
 _____ Fax #: _____
 Please indicate whether bills will be paid by your office or the parent company: _____

Principal Officers or Owners			
Date of Birth			
Social Security #			
Resident Address			

Type of business: Corporation _____ State of Inc. _____ Proprietorship _____ Partnership _____
 Primary business: Agriculture _____ Construction _____ Services _____ Retail _____
 Public Utility _____ Government Facility _____ Wholesale _____ Manufacturing _____
 Other (specify) _____

Specific product or service: _____
 Have you done business with us previously? _____ Under what name? _____

The Expediter sells Trailer Parts, Towing Products, Marine Hardware, & Electrical Items.
 Who are you currently purchasing these items from?

Please list three or four **Trade References**, include Address, Phone and **Fax Numbers**, and your **Account Number**.

Please include Bank information, include account number:

Please print the name, date of birth and driver's license numbers of check signers:

I hereby authorize the above references to supply The Expediter, LLC. with relevant information concerning financial relationship, and give permission for credit history to be investigated. It is agreed that purchases made on this account will be paid within terms, (either C.O.D. or net the 10th), and any unpaid balance is subject to charges of 1.5% a month. It is agreed that these plus all incurred costs to collect this account, including but not limited to return check charges (\$30 per incident), court and legal costs (venue for all purposes shall be in the state courts located in Palm Beach County, FL, or in the federal courts located in Southern District of Florida.) will be paid by the applicant to The Expediter, LLC.

Company name: _____

Print your name: _____ **Title:** _____

Signed: _____ **Date:** _____

THE ABOVE MUST BE SIGNED TO AVOID A C.O.D. CASH ONLY ACCOUNT.

Accounts may be paid using a credit card; VISA, Mastercard, American Express, and Discover cards are accepted.

Please Note: If you are a Florida Business, we must have a signed copy of your current year's Annual Resale Certificate. Without this we must charge you sales tax.

Person Guaranty

To induce The Expediter, LLC. into extending a line of credit to the above firm, knowing that The Expediter, LLC. is relying on this guaranty as a precondition to opening a line of credit, I (or if more than one, then all of us, jointly and severally) individually, personally, absolutely, and unconditionally guaranty to The Expediter, LLC. (and any person or firm The Expediter, LLC. may transfer it's interests to) all payments and other obligations owed by the above firm to The Expediter, LLC. Including but not limited to The Expediter, LLC's attorney's fees and legal costs incurred in enforcing payment. I will also pay all reasonable costs and fees incurred by The Expediter, LLC. in enforcing this guaranty Accounts settled between The Expediter, LLC. and the above firm will bind me. I waive notice of demand and notice of default, and agree that The Expediter, LLC. may proceed directly against me without proceeding against the above firm or this personal guaranty shall be in the state courts located in Palm Beach County, FL, or in the federal courts located in the Southern District of Florida. This guaranty will bind my heirs, representatives and successors.

Signature (individually, no titles) Date

Print name: _____

Social security #:

Guarantor #1 print name and address

2nd Signature (if applicable) Date

Print name: _____

Social security #:

Guarantor #2 print name and address

Witness: _____ Date: _____

Witness: _____ Date: _____