



SHIPPER/CUSTOMER CREDIT APPLICATION

Applicant Legal Name					Federal ID #		
Trade Name (if different)							
Billing Address				Physical Address			
City	ST	Zip	City	ST	Zip		
Phone	Fax			Web Address			
Contact	Title		E-mail			Cell	
Type of Business (Please check one): Sole Proprietor Partnership Corporation LLC Other			Description of Business				
Business Start Date	# of Employees		Approx. Annual Sales		Approx. Net Worth		
Limit Requested	Sales Tax Exempt? Yes No <i>If yes, attach exemption certificate</i>			A/P Contact			

Principals - Names of Officers, Partners, Owners, Guarantors (attach additional sheets if necessary)

Full Name	Title	Residence Address	Residence Phone	% Interest

Bank/Finance Co. Reference

Name	City, State	Contact	Phone #	Account #	Type
Has the business or any Principle ever declared Bankruptcy Yes No				Date Declared	
Does the business or any Principle have any outstanding liens or judgments Yes No					

Trade References

Name	City, State	Contact	Phone #	Fax #



SHIPPER/CUSTOMER CREDIT APPLICATION

Special Billing Instructions

Purchase order required? Yes No	If verbal are names instead of numbers allowed? Yes No
<i>If yes, Written or Verbal</i>	
Who is allowed to charge?	
Other requirements?	

TERMS & CONDITIONS OF CREDIT & SALES:

Applicant, referred as "Customer", agrees to pay for goods, services, and other items charged to its open account upon each invoice. Payment is past due if not received by ASAP Transport Solutions, LLC., within 30 (thirty) days of the date of invoice. Past due Invoices are subject to a service charge of 1.5% per month (18% APR) after 30 days of invoicing. It is further agreed that the customer will pay all costs of collection, including attorney fees, should this account require legal proceedings to enforce payment.

The undersigned warrants that all information is correct. It is understood and agreed that the undersigned specifically consents to ASAP Transport Solutions, LLC., Investigation of the applicant's credit history and may utilize credit reporting services for information on the applicant. The undersigned hereby authorizes the bank and trade references listed to release the information necessary to assist ASAP Transport Solutions, LLC., in establishing a line of credit.

In consideration of the extension of business credit for goods and services obtained by the above designated Applicant from **ASAP Transport Solutions, LLC.**, and as an inducement to make such extension, the undersigned jointly, severally, irrevocably and unconditionally agree(s) to (1) the terms and conditions set forth in this agreement, which are hereby fully incorporated herein by this reference; and (2) guarantee(s) the payment of any and all indebtedness, including advances, debts, obligations, and liabilities now existing or hereafter made or incurred, together with such costs and expenses, including reasonable attorney's fees, as may be incurred by **ASAP Transport Solutions, LLC.**, in the enforcement of this Guaranty, whether or not suit is commenced. The undersigned further indemnify (ies) and holds harmless **ASAP Transport Solutions, LLC.**, from any loss, damage, and/or expense caused by or arising out of default of or failure to pay by customer. This continuing guaranty shall not be revoked except by written notice to **ASAP Transport Solutions, LLC.**, requesting that **ASAP Transport Solutions, LLC.**, not make any further sales and deliveries on the security of this Guaranty and until the expiration of five (5) days after such notice shall have been received by **ASAP Transport Solutions, LLC.**, by registered mail, return receipt requested. Any revocation shall be effective only with respect to merchandise shipped or delivered after the expiration of said five-day period, and shall not affect in any respect liability incurred by the undersigned prior to that time.

The undersigned, and each of them, agree(s) to be bound by all terms and conditions contained in this Credit Agreement and in the invoices issued hereunder which are incorporated by this reference as though fully set forth in full.

Printed Name _____

Signature _____



ASAP TRANSPORT SOLUTIONS LLC

11248 STRANG LINE RD

LENEXA, KS 66215-4039

P: 800-757-1178

F: 888-519-1347

E: billing@asaptransportsolutions.com

CREDIT/DEBIT CARD AUTHORIZATION FORM

Date: _____ Invoice Ref. # _____

Card Holder Name: _____

Credit Card Visa Master Card AMEX Discover

Card # _____

Expiration Date: _____ CVV Code: _____

Billing Address: _____

City: _____

State: _____ Zip Code: _____

Email for Receipts _____

Name & Phone: _____

Authorize: I authorize **ASAP Transport Solutions, LLC** to charge my credit card in the amount of:
\$ _____ USD (U.S. Dollars)

The Terms of Payment with **ASAP Transport Solutions LLC**, are 30 days after receipt of a statement or invoice. Accounts in arrears of 45 days after receipt of statement or Invoice will be charged to your Credit/Debit Card. Please provide your Corporate or Private Credit Card Information to be securely filed with ASAP Transport Solutions.

By signing below, I authorize **ASAP Transport Solutions, LLC** to charge my credit card for the outstanding/current balances owed on freight bills. All payments are subject to a 4% card processing fee. I further understand that this authorization allows **ASAP Transport Solutions, LLC.**, to also charge my credit or debit card for any unpaid freight invoices pertaining to my open account following the above terms.

Printed Name: _____

Authorizing Signature: _____