

Extra Mile

Transportation, LLC.

Credit Application

(All Information must be printed or typed)
Fax completed form to 716-276-2087

BY:

Name of Company or Individual _____ Years in Business _____ \$ _____
Annual Sales

Mailing Address _____ Street Address (if different from mailing) _____

City _____ State _____ Zip _____ Area Code _____ Phone # _____

Fax # _____ Billing Point of Contact _____ E-Mail Address _____

OWNERSHIP: Check One: Corporation: _____ Partnership: _____ Individual: _____ LLC: _____

If corporation, list Federal ID # : _____ State Incorporated: _____

Dun & Bradstreet No.: _____

1.				2.				
Name of Principal	City State Zip			Job Title	Name of Principal	City State Zip		
Home Address	City State Zip			Job Title	Home Address	City State Zip		
Social Security No.	Phone No.				Social Security No.	Phone No.		

Were any of the Principals in business before? Yes _____ No _____

If yes, give business name and location: _____

If so reason for discontinuing: _____

Have you ever declared bankruptcy? Business: Yes _____ No _____ Personal: Yes _____ No _____

Do you have any pending lawsuits or judgments against your firm? Yes _____ No _____

Are any of your assets pledged as collateral? _____ If so, please indicate which assets and to whom:

Person authorized to place order: _____

FINANCE:

Bank	City	State	Zip
Bank Officer	Phone No.		

Credit: \$ _____

Credit Line Requested

CREDIT REFERENCES:

1				2			
Business Name		Contact Person		Business Name		Contact Person	
Address	City	State	Zip	Address	City	State	Zip
Phone #		Fax #		Phone #		Fax #	

3				4			
Business Name		Contact Person		Business Name		Contact Person	
Address	City	State	Zip	Address	City	State	Zip
Phone #		Fax #		Phone #		Fax #	

TERMS:

Terms are net 30 days. Interest will accrue at the rate of eighteen percent (18%) on any unpaid balance after 30 days. Should this account be placed with an attorney or collection agency for collection, I hereby agree to pay all reasonable cost of collection, including attorney fees in the amount of twenty percent (20%). I agree to pay a twenty-five dollar (\$25.00) returned check charge on all returned checks.

If an account reaches 45+ days past due, orders are subject to credit hold until the account is made current.

Advance notice will be given to Extra Mile Transportation, LLC of any change in the business structure, without such notice, the original principals to whom credit was first extended shall remain liable. Notice to be given by certified or registered letter and acknowledged by return receipt. Credit policies are subject to change at the discretion of Extra Mile Transportation, LLC management. Upon acceptance of this application, and the issuance of an open line of credit, the APPLICANT agrees to abide by the credit policies of Extra Mile Transportation, LLC.

I hereby agree that any legal proceedings undertaken to enforce the terms of this agreement or any other dispute involving the extension of credit will be resolved pursuant to the laws of New York, and that jurisdiction and venue will be proper in Buffalo, New York, for any such action.

I certify that all information on this form is correct, and that I am authorized to enter into this contractual relationship on behalf of this company. Permission is hereby granted to access/obtain all needed credit reports on my personal and business credit. I fully understand the credit terms, and have read all pages of this document before signing.

x

Date	Signature (Must be signed by officer/authorized person.)	Title
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PERSONAL GUARANTEE

In consideration for the extension of credit by Extra Mile Transportation, LLC. as requested by me , I hereby agree to personally guarantee any and all indebtedness incurred with Extra Mile Transportation, LLC. and to abide by the terms of this credit application and any subsequent contracts between the parties. I further agree to pay all past due amounts that exceed the terms hereof, and to pay any additional amounts due hereunder, including interest and attorney fees.

x

Date	Signature	Print Name	
City	State	Zip	Social Security No.