

Type of Account (choose one) COD Credit Requested Credit Amount \$ _____

BUSINESS INFORMATION

Account Name _____	FEDERAL TAX ID # _____
Primary Contact _____	Resale Tax # _____
Email _____ # Employees _____	Date Established _____ Years at location _____
Phone _____	Alt Phone _____ County _____
Fax _____	Type of Business (Corp, LLC, Proprietorship, Partnership, etc) _____
Purchasing Contact _____	Accounting Contact _____
Email _____	Email _____

Shipping Address: _____	Billing Address (if different than shipping): _____
_____	_____
_____	_____
_____	_____

OWNER | PRINCIPAL INFORMATION

Name _____	Name _____	Name _____
Title _____	Title _____	Title _____
Home Address _____	Home Address _____	Home Address _____
_____	_____	_____

REFERENCES

Company _____	Company _____	Company _____
Account # _____	Account # _____	Account # _____
Contact _____	Contact _____	Contact _____
Phone _____	Phone _____	Phone _____
Fax _____	Fax _____	Fax _____
Email _____	Email _____	Email _____
Address _____	Address _____	Address _____
_____	_____	_____
_____	_____	_____

BANK DETAILS

Bank Name _____	Account Number _____
Contact _____	Phone _____
Email _____	

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.

If requesting credit terms, 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. Changes to this agreement are not authorized.

Signature _____ Date _____
Print Name _____ Title _____

NOTE: If in business less than 5 years, you must complete a personal guarantee agreement (see page 2).
If you business is located in Florida, we must have a copy of your current year's Annual Resale Certificate or you will be subject to Florida state tax.

PERSONAL GUARANTEE

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 pre-condition 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 guarantee will bind my heirs, representatives and successors.

Signature 1 _____ **Date** _____
Print Name _____ Title _____

Witness _____ **Date** _____

Signature 2 _____ **Date** _____
Print Name _____ Title _____

Witness _____ **Date** _____