

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 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 guarantee will bind my heirs, representatives and successors.

Signature 1 _____ **Date** _____

Print Name _____ Title _____

Witness: _____ **Date** _____

Signature 2 _____ **Date** _____

Print Name _____ Title _____

Witness: _____ **Date** _____

SET UP YOUR ONLINE ACCOUNT

Purchaser Contact Name _____

Purchaser Email Address _____

Username (15 characters or less):

Password (20 characters or less):
