



BENNETT CONTACT: _____ PHONE #: _____ CREDIT LIMIT REQUESTED: _____

APPLICATION FOR CREDIT

Business Name: _____ DBA: _____
Mailing/Billing Address: _____
City/ST/Zip: _____

Physical Street Address: _____
City/ST/Zip: _____
Telephone: _____ Fax: _____ Email: _____

Accounting Contact: _____ Phone: _____

Billing Requirements: _____

Would you like your invoices emailed: Yes No If yes, please advise email address: _____

Type of Business: Proprietorship: _____ Partnership: _____ Corporation: _____ LLC: _____

Corp. Federal ID #: _____ Duns #: _____

Under Present Ownership Since: _____ # of Locations: _____

Are you C-TPAT Certified? Yes No If yes, provide SVI # _____

TRADE REFERENCE, COMPANY, ADDRESS, ACCT #, & PHONE #

- 1. _____
- 2. _____
- 3. _____

BANK REFERENCES

	<i>Bank Name</i>	<i>Contact</i>	<i>Acct. #</i>	<i>Phone #</i>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

CREDIT AGREEMENT

I certify that the information contained on the Credit Application is true and complete to the best of my knowledge, and that the discovery of falsification of any of the information presented on the application may lead to the revocation of any credit extended by BENNETT INTERNATIONAL TRANSPORT ("BIT"). I hereby authorize BIT to contact any company, individual or agency that may provide any relevant information necessary to establish credit for the business listed on this application. It is understood and agreed that all charges not paid within thirty days of receipt of invoice shall accrue interest at the rate of 1.5% per month. It is further agreed that the undersigned shall pay any collection expenses, including reasonable attorney's fees that may become necessary to effect collection of this account. All actions or proceedings instituted by BIT for the collection of freight charges owed by the shipper, consignor, consignee or any other third party involved in the shipment shall be exclusively brought in the State Court of Henry County, Georgia. The undersigned shall not raise and hereby waives, any defenses based on the venue, inconvenience of the forum, lack of personal jurisdiction, sufficiency of service or process of the like in any such cause of action or suit brought in the State Court of Henry County, Georgia.

BY MY SIGNATURE BEING ON THIS APPLICATION, I AUTHORIZE MY BANK AND CREDITORS TO RELEASE MY CREDIT INFORMATION.

Applicant Signature: _____ Applicant Title: _____ Date Signed: _____

*Return completed form to Natalie Reynolds @ natalie.reynolds@bennettig.com or fax # 866-920-1264