

TRANSPORTATION INC. AGENT GROUP, INC.

P.O. BOX 100 ♦♦ HEBER, UT 84032 ♦ PH: 800-373-1029 ♦ FAX: 800-239-4301

CREDIT APPLICATION FORM

For Corporate Credit Dept. use only: Customer Code _____

* Agency Code _____

* Customer Name _____ DBA _____

* Billing Address _____

* City _____ State _____ Zip _____

* Street Address _____

* City _____ State _____ Zip _____

* Phone _____ (Toll Free) _____

* Fax _____ Email _____

Type of Business: _____

MC# _____

Federal ID# _____ Year Business Established _____ # of Employees _____

Affiliate Companies _____ Branch Offices _____

* *Amount Of Credit Requested* _____ M & R _____ Per Diem _____

Recurring _____ or One Load Only _____

A/P Contact _____ Phone # _____ Title _____

Specific Documents/Instructions Needed for Payment-BOL, Rate Confirmation, PO#, Etc. _____

FOR CORPORATE CREDIT DEPARTMENT USE ONLY

Credit check completed by: _____ Approved _____ C.O.D. _____
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Comments: _____

CREDIT APPLICATION CONTINUED

Corporate Credit Dept. use only: Customer Code _____
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Corporate Principals/Partners/Owner

Name: _____ Title _____

Name: _____ Title _____

Name: _____ Title _____

Accounts Payable Contacts

Name _____ Title _____

Name _____ Title _____

Credit References

Please list three CARRIER credit references in which you have conducted recent business.

Creditor _____ Phone _____

Address _____

City _____ State _____ Zip _____ MC _____

Creditor _____ Phone _____

Address _____

City _____ State _____ Zip _____ MC _____

Creditor _____ Phone _____

Address _____

City _____ State _____ Zip _____ MC _____

Banking Reference Form

Customer's Financial Information

I (we) hereby authorize the release of information pertaining to checking account #

_____ Savings account # _____, and other accounts held at the following bank/lending institution for

_____ of _____
Company Name Company Address
Bank/Lending Institution

Bank _____ City _____ Phone _____
Bank _____ Title _____
Officer _____
Name _____ Title _____

Signature of Officer _____

For Bank Use Only

Average Daily Balance _____

Daily balance for past 5 days _____

Number of overdrafts in past six months, if any _____