

Customer Credit Application

Business Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____

Business Type: Corporation LLC Other _____

Date Started: _____ DUNS # _____ Fed ID # _____

President: _____ Controller: _____ AP Supervisor _____

I authorize (bank name): _____ To release account information re:

Account #	Contact	Phone	Fax

Address: _____ City/State/Zip: _____

Please list Credit References

Name	Address	Phone	Contact
1.			
2.			
3.			

Credit Limit Requested: _____

If credit is approved, Customer agrees to pay all invoices within thirty (30) days of invoice date and agrees to pay a late charge of 1½ % per month (18% annual rate) on all past due balances. Customer agrees that the payment of freight charges shall not be postponed or setoff due to alleged loss or damage to Customer's freight. In the event Sunteck is required to collect unpaid invoices, it shall be entitled to recover reasonable collections costs and attorney fees from Customer. Venue shall be in Palm Beach County, Florida and Customer consents to the court's jurisdiction and hereby waives objection. The undersigned consents to the release of its credit, banking, and financial history. Sunteck will provide original proof of delivery or a legible electronic or paper copy. An original POD shall not be a condition of payment. For additional information, see "Terms and Conditions of Service" at www.suntecktransportgroup.com.

Print Name Title Date

Officer / Authorized Signature

When complete, please return to your Sunteck office at the Fax # below and mail original to:

Sunteck Agent: _____

Agent Fax #: _____

Sunteck Transport Co., Inc.
6413 Congress Ave | Suite 260
Boca Raton, FL 33487 | (800) 759-7910