



COMPANY NAME \_\_\_\_\_ DATE ESTABLISHED \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_  
 ACCOUNTS PAYABLE CONTACT \_\_\_\_\_

BILLING ADDRESS (if different from above) \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 ACCOUNTS PAYABLE CONTACT \_\_\_\_\_  
 DUNN & BRADSTREET # \_\_\_\_\_  
 FEDERAL TAX ID # \_\_\_\_\_  
 BUSINESS BANK \_\_\_\_\_ ACCT # \_\_\_\_\_  
 BANK ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 ACCOUNT MANAGER \_\_\_\_\_

### E-INVOICING

WOULD YOU LIKE TO RECEIVE ELECTRONIC INVOICING? Yes   
 Email: \_\_\_\_\_

### REFERENCES (COMPANIES CURRENTLY EXTENDING YOU CREDIT):

COMPANY NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_  
 CONTACT \_\_\_\_\_  
 COMPANY NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_  
 CONTACT \_\_\_\_\_  
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 PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_  
 CONTACT \_\_\_\_\_

The information provided is for the purpose of obtaining an account and/or establishing credit with Frontline Freight, Inc. I certify that all information provided is correct. I understand Frontline's credit terms require payment within 30 days and agree to comply with those terms. By my signature I am authorizing the release of credit information from the references listed above. All terms and conditions of Frontline's Governing Rules Tariff (FCSY 101) are to apply to Frontline's extension of credit. I am also aware that copies of governing tariff publications are available directly from my Account Executive or by request to Frontline's Pricing Department.

Please write the following statement below. (I have read and agree to Frontline's payment terms)

\_\_\_\_\_

_____	_____
SIGNATURE	TITLE
_____	_____
PRINT NAME	DATE