



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 _____
 COMPANY NAME _____
 ADDRESS _____ CITY/STATE/ZIP _____
 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