



FRONTLINE FREIGHT ACCOUNT APPLICATION

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 \_\_\_\_\_ E-MAIL \_\_\_\_\_
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 [ ]
E-MAIL: \_\_\_\_\_

REFERENCES (COMPANIES CURRENTLY EXTENDING YOU CREDIT):

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

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

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