



Frontline Freight Account Application

COMPANY NAME _____ DATE ESTABLISHED _____

ADDRESS _____ CITY/STATE/ZIP _____

PHONE _____ FAX _____

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 _____

CONTACT _____

COMPANY NAME _____

ADDRESS _____ CITY/STATE/ZIP _____

PHONE _____ FAX _____

CONTACT _____

COMPANY NAME _____

ADDRESS _____ CITY/STATE/ZIP _____

PHONE _____ FAX _____

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.

SIGNATURE

TITLE

PRINT NAME

DATE