

LEGAL BUSINESS NAME: _____ DBA: _____

Federal Tax ID #: _____ Credit Amount Requested: \$ _____ Date: _____

A/P contact: _____ **A/P email:** _____

A/P Contact Phone # _____ **Fax#** _____

Do you require a POD, BOL or special reference # on your invoices?(Choose one) _____

E-mail Address for E-Bills: _____

Name of person(s) receiving e-Bills: _____
(NON E-BILL CUSTOMERS)

MAILING ADDRESS: _____
(Street and/or Post Office Box) *(City, State and Zip Code)*

SHIPPING ADDRESS: _____

How long at the above address: _____

Former Business Address (if applicable): _____

TYPE OF BUSINESS: _____ Date Established: _____ How Long in Business: _____

Number of Employees: _____ Estimated Annual Sales: \$ _____

Sales Area: _____

OWNERSHIP: Sole Owner Partnership Corporation LLC Other _____

PRINCIPAL: _____
(Name) (Title) (SS#) (Home Address)

PRINCIPAL: _____
(Name) (Title) (SS#) (Home Address)

PRINCIPAL: _____
(Name) (Title) (SS#) (Home Address)

PRINCIPAL: _____
(Name) (Title) (SS#) (Home Address)

Has the firm or any of its principals ever been bankrupt? Yes No

If yes, please explain: _____

CREDIT CARD #: _____ **CARD TYPE** _____

EXP DATE: _____ **NAME ON CARD** _____

BILLING ADDRESS OF CARD HOLDER _____

CARD HOLDER EMAIL ADDRESS (FOR RECEIPTS) _____

I acknowledge by signing below that I hereby authorize American Robin Logistics LLC and/or its affiliated companies to process payment on the above listed credit card. This credit card will be used to satisfy any services rendered by American Robin Logistics LLC. Any additional charges to American Robin Logistics LLC due to incorrect information listed above will be charged back to the customer.

SIGNATURE _____

ACH BANKING #: _____ (Bank Number) _____ (Account Number)

PREFERRED METHOD OF PAYMENT (circle one): Credit Card ACH Transfer Company Check Wire Transfer

TRADE REFERENCES: Please name suppliers of major products and services. (You may submit your own form)

NAME	ADDRESS	PHONE & FAX NUMBERS
_____	_____	_____
(Contact Person)		
_____	_____	_____
(Contact Person)		
_____	_____	_____
(Contact Person)		

BANK REFERENCE:

BANK NAME	ADDRESS	PHONE & FAX NUMBERS
1. _____	_____	_____
(Contact Person)	(Account #)	(Type: Checking or Loan)
2. _____	_____	_____
(Contact Person)	(Account #)	(Type: Checking or Loan)

I (We) affirm that the facts and statements provided in this application and agreement are accurate and representative of my (our) affairs as of this date. By signing this application, I (We) hereby authorize American Robin Logistics, LLC contact the credit references, and other sources, to initially and periodically investigate my (our) credit standing for the purpose of maintaining this credit relationship. If credit is approved, I (We) agree to pay in accordance with your terms. I (We) represent and warrant that this request for credit is for business purposes only and not for personal, family, or household purposes. I (We) have obtained any authorization necessary to sign this Agreement for the provision of freight logistics and logistics managements services by American Robin Logistics, LLC. I (We) represent and warrant our understanding that American Robin Logistics, LLC is and operates solely as a federally licensed property broker that may from time-to-time arrange for transportation of freight by third-party motor carriers; further, I (We) represent and warrant our understanding that American Robin Logistics, LLC does not provide motor carrier transportation services notwithstanding the name of American Robin Logistics, LLC having been listed within any Bill of Lading as the motor carrier.

I (We) understand that all invoices are due and payable within 15 days following the invoice date and that interest of 1.5% per month (or the highest legal rate) shall be assessed on all invoices not paid within 15 days. This agreement is entered into in the State of Georgia and shall be governed by the laws of the State of Georgia without regard to its conflicts of law principles. In the event American Robin Logistics, LLC is required to retain legal counsel to effect collection of unpaid invoices arising out of this Agreement, I (We) agree that American Robin Logistics, LLC shall be entitled to an award of all of its costs, expenses, and attorney's fees incurred in connection with collection. Any dispute arising under or relating to this Agreement shall be resolved only in the state courts located within Cobb County, Georgia. This Agreement may not be waived or modified in any way except by agreement signed by the party against whom such waiver or modification is asserted.

SIGNED: _____ **DATE:** _____

PRINT: _____ **TITLE:** _____

**RETURN THIS COMPLETED FORM TO THE CREDIT DEPARTMENT:
FAX: 404.383.3833 or Email: Evan.Hardy@AmericanRobin.com**