

**GROUND LOGISTICS AND TRANSPORTATION, INC**

4995 NW 72nd Ave. Suite 200

Miami, FL 33166

Ph: (305) 726-0275 / Fax: (866) 305-2883

NEW CUSTOMER FORM

Fax back to: (866) 305-2883 or E-mail to: credit@glt-inc.com

GLT Sales Representative: _____

COMPANY INFORMATION**Business organization:**

Sole Proprietorship

☐

Partnership

☐

Corporation

☐

Legal Name: _____

DBA: _____

Address: _____

Phone: _____

City, State, Zip code: _____

Fax: _____

Business Start Date: _____

E-mail: _____

Federal Tax ID: _____

Web: _____

D-U-N-S #: _____

Amount of Credit Required: _____

State of Incorporation: _____

Corporation ID: _____

Annual Revenue: _____

Briefly describe your Business activity: _____

OWNERS, PARTNERS, OFFICERS

Name	Title	Partner-Owner Residence Address	cellphone	E-mail
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ACCOUNT PAYABLE INFORMATION

Name	Title	Phone	Fax	E-mail
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TRADE REFERENCES (Please list 3 vendors who extend terms)

Company Name	Contact Person	Phone	Fax or E-mail
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BANKING INFORMATION

Bank name: _____

Phone: _____

fax: _____

Checking account #: _____

Loan #: _____

Bank Acct #: _____

TERMS AND CONDITIONS

GLT is not liable for loss, damage, delay or injury to any shipment, and acts solely as broker for placement of cargo with carriers. Unpaid invoices are subject to interest at the rate of 1.5% per month beginning 30 days after presentation of invoice, and customer agrees to be responsible for all costs of collection, including reasonable attorney's fees.

By the acceptance of the services buyer agrees to submit to the personal jurisdiction of the courts of the state of Florida and that proper venue to collect in this matter shall be in Dade county, Florida.

I the undersigned have applied for credit terms with GLT, Inc and do hereby authorize my bank and / or vendors to release credit information related to this application to GLT, Inc. I also acknowledge the terms and conditions set forth above.

company_____
Customer signature / Title