



P.O. Box 1058
Greeneville, TN 37744
423-636-7055

Credit Application and Agreement

Please fill out this form completely

Full name of your company: _____

Billing Address: _____ Physical Address: _____
Street Address/PO Box Street Address

City State Zip City State Zip

Telephone number: _____ Fax number: _____

President: _____ Controller: _____

Accounts Payable Contact: _____ AP Email Address: _____

Type of Business: Corporation Partnership Sole Proprietor Other (please specify)

Fed- ID #: _____ If incorporated, specify state and date of incorporation. _____

Parent Company: _____ Branches: _____

Has the ownership changed in the past year? _____ Years in Business _____

Freight payment schedule: Net _____ Are you on schedule now? _____

Fax Notification to: _____ (B=bill to, S=Shipper, X=both, N=neither)

Fax Options: _____ (D=fax dims, R=fax reweighs, B=fax both, N=fax neither)

Is a reference number requested for payment processing? Y N If so, what format? _____

Industry Type: Domestic Forwarder International Forwarder Integrators
(circle one) Domestic Airlines International Airlines Ocean Carrier
GSA Motorcycle Account Foreign Trade Zone Account

This application will also serve as an authorization to release information from your bank to Forward Air/Profiles Int'l., and any creditors who may need an authorization from you, the customer. The information contained herein is confidential and is only supplied to the company for which you are applying for credit. This also authorizes companies to FAX back their reply to us.

Bank Name: _____ Phone #: _____

Contact: _____ Acct. #: _____

Line of Credit Acct. #: _____ Acct. #: _____

Applicant Signature: _____ Title: _____
Officer, Owner or Partner

Type or Print Name: _____

Please list four references, two of which must be carriers:

Company Name: _____	Company Name: _____
City and State: _____	City and State: _____
Phone #: _____	Phone #: _____
Contact Person: _____	Contact Person: _____
Company Name: _____	Company Name: _____
City and State: _____	City and State: _____
Phone #: _____	Phone #: _____
Contact Person: _____	Contact Person: _____

AIRLINE CUSTOMER PROFILE: *(for airline accounts only)*

Airline Name: _____ Three digit prefix: ___ Two letter airline code: __

Payables Contact: _____ Telephone Number _____ Fax Number _____

Invoicing format: _____ (Direct International or IATA) An Interline agreement is required for IATA.

Reference Numbers or Paperwork Requested for Invoice Reconciliation: _____

Account Comments: Is the Airline Managed by a GSA? ____ If yes, give contact information for GSA and list payment responsibilities including lane segments, import/export variations, and list of stations included in each region if sorted regionally.

TERMS AND CONDITIONS:

The applicant(s) executing this Application and Agreement (*Customer*) hereby agree(s) that payment for all services is subject to the following terms and conditions:

1. Customer agrees that all amounts due for services provided by **Forward Air, Inc.** and/or any of its subsidiaries or affiliates, (collectively the "Company") are payable at P.O. Box 1058, Greeneville, TN 37744.
2. Customer agrees that all amounts due are not payable in installments, but are payable **Net 30 days** from date of invoice. Company reserves the right to demand payment of all outstanding and past due freight charges as a pre-condition for releasing any shipment(s) at destination. This right includes the right to demand payment upon delivery of any shipment(s) at any time. If any amount due is not paid within said period a delinquency charge of 1½ % per month of the delinquent balance shall be added to the sum due.
3. In the event the Account becomes delinquent and is turned over for collection, Customer agrees to pay all costs of collection including reasonable attorney fees and court costs.
4. Customer agrees that any claim or lawsuit relating to collection of charges for the services provided by the Company shall be filed in an appropriate Federal or State court of Greene County, Tennessee, and Customer consents to the exclusive and binding jurisdiction of said court.
5. Customer agrees to notify the Company by certified mail of any changes in ownership of Customer and further agrees to be liable for all losses incurred as a result of failure to comply with said notifications.
6. Customer authorizes the Company and/or its Credit Agency(s) to investigate all credit history, bank references and any other information required to process this application and as it deems necessary in the future.

Date: _____ Applicant Signature: _____
Officer, Owner or Partner

Title: _____ Type or Print Name: _____

Return via Fax to: (423) 636-7276 Attn: Credit & Collections