SLS FREIGHT
S3 LOGISTICS SERVICES

CREDIT APPLICATION

Credit Line Requested: $_____

Terms Requested: _____

Company Information:

Name:_____ DBA:_____ Federal ID:_____

Business Type: □ Corporation □ Partnership □ Sole Prop □ LLC Industry:_____ Years in Business:_____

Contact Name: _____ _____ Phone No:(_____)_____-_____
Name Title

Physical Address:_____
Street City State Zip

Billing/Mailing Information

AP Contact: _____ Phone No.:(_____)_____-_____ext_____ Email:_____

Mailing/Billing Address: _____
Street City State Zip

Invoicing preference: □ Mail □ Email □ Both Email Invoices to:_____

Trade Credit References

(1)Company Name:_____ Phone Number:(_____)_____-_____ Email:_____

Address:_____
Street City State Zip

(2)Company Name:_____ Phone Number:(_____)_____-_____ Email:_____

Address:_____
Street City State Zip

Bank Information

Bank Name:_____ Phone Number:(_____)_____-_____ Account Number:_____

Address:_____
Street City State Zip

By signing below, I agree to the Terms and Conditions as set out by the user agreement. The undersigned hereby certifies that the information contained herein is true and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and terms of credit to be extended. By means of this, I authorize the Trade Credit and Bank references listed in this credit application to disclose all necessary credit information to SLS Freight, LLC. SLS Freight, LLC will not disclose credit information about the applicant to any other person without the applicant's prior written approval.

_____ _____ _____ _____/_____/_____
Print Name Title Signature Date

REMIT TO:

Email: slsaccounting@slsfreight.com

Phone (800) 320-5585