



Smart Logistics, LLC Freight Account Application

COMPANY NAME: _____ DATE ESTABLISHED _____
ADDRESS: _____ CITY: _____ ST: _____
ZIP _____ ACCOUNTS PAYABLE CONTACT: _____
PHONE _____ FAX _____ E-MAIL: _____

BILLING ADDRESS (if different from above) _____
PHONE _____ FAX _____
ACCOUNTS PAYABLE CONTACT: _____
FEDERAL TAX ID # _____
BUSINESS BANK: _____ CITY: _____
BANK ADDRESS: _____ ST: _____ 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 _____ E-MAIL: _____
CONTACT: _____

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PHONE _____ E-MAIL: _____
CONTACT _____

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ADDRESS: _____ CITY/STATE/ZIP _____
PHONE _____ E-MAIL: _____
CONTACT _____

The information provided is for the purpose of obtaining an account and/or establishing credit with Smart Logistics, LLC. I certify that all information provided is correct. I understand Smart Logistics 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 above. All terms and conditions of Smart Logistics are to apply to Smart Logistics extension of credit. PLEASE SEND BACK TO US BY EMAIL: OPERATIONS@SMARTLOGISTICSTX.COM

Signature Title

Print Name Date