

Alliance Transport Services, LLC.

12556 West Atlantic Blvd. • Coral Springs, FL 33071 Tel. # (954) 449-1414 • Fax # (954) 449-1415

New Account Credit Application

Bill To:

Idress						
	 					
City, State, Zip						
Telephone No. (Area Code)	Fax No. (Area C	Fax No. (Area Code)				
ess Facts:						
1 doto.						
Name of Owner						
☐ Proprietorship ☐ Partr	nership Corporation					
Other Corporate Officers an	d/or Partners:					
Name and Title	Name	and Title				
Length of Time in Business: _	yrs.					
unts Receivable Information:						
Terms Requested: Net	Credit Line Reque	sted: \$				
Tax Exemption No.:	-					
Accounts Payable Contact	Title	Tel. No.				
ing Information:						
Bank Name	Officer					
Address	(Checking) Account No	(Checking) Account No.				
	Tel. No.	Fax No.				
City,State,Zip						
orization:						
	credit information requested by A	Alliance Transport Services, LI				

BOTH SIDES MUST BE COMPLETED FOR NET TERMS CONSIDERATION

	ormation/Credit Reference	es:			
1.	Name	Contact			
	Address	Account	No.		
2.	City,State,Zip	Tel. No.	AND	Fax No.	
۷.	Name	Contact			
	Address	Account	No.		
3.	City,State,Zip	Tel. No.	AND	Fax No.	
ა.	Name	Contact		-	
	Address	Account	No.		
	City,State,Zip	Tel. No.	AND	Fax No.	
Services, LLC 2. Client also provided by la 3. Client shall however, that usury laws of 4. The application LLC and by r LLC upon reconstruction of 5. In the everagainst the Client number of Client authors.	agrees to pay to Alliance Transport Se aw (whichever is less) for invoice amour I pay Alliance Transport Services, LLC. It such service charge shall not be due the applicable jurisdiction. I ant shall be responsible for, and shall pay signature below, I personally and in the seipt of each statement, there being not ent Alliance Transport Services, LLC so Elient or any guarantor, Client agrees to Elient or Transport Services, LLC. Beby warrants that all financial information or izes. Alliance Transport Services, LLC.	rvices, LLC, as interest nts that are past due. a service charge of \$2 e and payable in the e pay for all fees and service and guarantee payable in the exception. Should commence any pay all attorney's fees on furnished above, is to	e, an amount 19.50 for any vent such p vices provide ayment on the action, or of s, collection rue, correct,	t equal to 1.5% per month, or the check returned by Client's bar ayment would result in the viced and sold by Alliance Transphis account to Alliance Transpotential result in the viced and complete in all material results.	ne maximum nk; provided plation of the ort Services ort Services agreement er expense espects, an
agree to a	or Client. ertify that I am authorized to sign adhere to the credit service p LLC dated this day of _	oolicies and proce	dures est		
	Signed by:		_		

Name/Title_