



SPECIALIZED FREIGHT CARRIERS

Application for Credit

I understand that my approval for credit terms will be primarily determined through SFC's review of the timeliness of my previous payments to freight industry. This information is available through Dun & Bradstreet's **Trucking Industry Credit Score Report** which is compiled directly from trade tapes provided by the **trucking industry**. If granted credit, I agree to honor Terms of Payment **Net 15 days** from invoice date and to comply with SFC's prescribed procedures for the filing of any and all claims. Should credit approval be denied, I understand that a selected **alternative payment plan** will be made available upon my request. I understand that clarity and completeness are necessary in the completion Bills of Lading and that I share in this responsibility to help ensure that all shipments are properly described and rated.

Forward to: SFC Credit Department - EMAIL: customerservice@sfcintl.com - FAX: 305-716-6870	
The following section is important to ensure billing accuracy	
Shipper/Receiving Location:	
Name:	_____
Street Address:	_____
Room/Suite:	_____
City, State, Zip:	_____
Phone:	_____ Fax: _____
Salesperson:	_____

Please attach additional pages as necessary for multiple Shipping/Receiving locations.

Send Invoices To:	
True Legal Name:	_____
c/o or dba:	_____
Mail Address:	_____
Physical Address:	_____
City, State, Zip:	_____
Phone:	_____ Fax: _____
Email:	_____
Credit Requested:	\$ _____
A/P Contact:	_____
Doc. Req'ts:	Ppd _____ Col _____ Stmt _____

Thank you for your interest in becoming an Specialized Freight Carriers valued customer.

By: _____

Print: _____

Title: _____ Date: _____