

NCMC Freight LLC

214 Overlook Circle Ste 200 Brentwood, TN 37027 PH: 888-316-4336 Fax: 888-653-3487

Email: accounting@ncmcfreight.com

SHIPPER CREDIT APPLICATION

Company Name _____

Address _____

City/State/Zip _____

Billing Address (if different): _____

Phone _____ Fax _____ email _____

Shipping Contact _____ Shipping Email _____

Payable Contact _____ Payable Email _____

Special Billing Requirements _____

Year Established _____ Federal Tax ID# _____ DUNS# _____

Business Structure (circle one) Corp. Partnership Sole Prop. LLC

BANK INFORMATION

Name of Bank _____

Contact Person _____ Phone _____ Fax _____

Account Numbers _____

THREE CARRIER/VENDER REFERENCES

Carrier _____ Phone _____ Fax _____

Carrier _____ Phone _____ Fax _____

Carrier _____ Phone _____ Fax _____

I agree to and will abide by the following NCMC Policies:

1. We agree to immediately notify NCMC of any change of ownership, name, address, phone, etc.
2. If granted credit, our company agrees to pay our freight bills **within 30** days of receipt.
3. In case of claim, any payments due NCMC will not be subject to withholding in lieu of insurance settlement.
4. I authorize the release of credit information to NCMC, which will be held in strict confidence.
5. If outside collections are required, we agree to pay for reasonable attorney and collection related costs. We acknowledge that amounts past due may be charged interest at the maximum legal rate.
6. I am an authorized representative of the company and have the authority to execute this document.

Signature _____ Date _____

Print Name _____ Title _____

How did you hear about us? _____

NCMC Associate or Agent (If applicable) _____