



CREDIT APPLICATION

Email Completed Application for ARbox@veriha.com or Fax to (715)330-5949

APPLICANT INFORMATION

Name of Business:

Trade Name:	Business Type:	Date Business Started:
-------------	----------------	------------------------

Current Street Address:

City:	State:	ZIP Code:
-------	--------	-----------

Phone:	Fax:	Email Address:
--------	------	----------------

Credit Contact:	Sale Contact:
-----------------	---------------

PRINCIPAL STOCKHOLDERS, PARTNERS ETC.

1.Name:	Title	2.Name	Title
3.Name	Title	4.Name	Title

For Partnerships, Sole Proprietorships, LLC or LLPs only

Name:	SSN:	Home address:	ZIP Code:
City:	State:		

Name:	SSN:	Home address:	Zip Code:
City:	State		

Name:	SSN:	Home address:	ZIP Code:
City:	State:		

The Undersigned by signing the application shall constitute authorization under the Fair Credit and Reporting Act consent to VERIHA TRUCKING INC obtaining/utilizing a consumer credit report on the above listed individuals for the purpose of evaluating the creditworthiness of the above-listed individuals in Connection with this Application. This authorization will remain valid and enforceable until the Undersigned expressly revokes authorization in writing and served on Creditor by registered or certified mail.

Authorized signature (owner, officer or partner)

List 3 credit references – Preferably Transportation creditors:

Name:	Address :	Phone:
Date Opened:	Current balance:	Terms:
Name:	Address :	Phone:
Date Opened:	Current balance:	Terms:
Name:	Address :	Phone:
Date Opened:	Current balance:	Terms:

Bank Information

Current Bank:	Account:
Address:	
State:	ZIP Code:
Bank Officer:	

I, hereby authorize the bank named herein to release information requested for the purpose of obtaining and/or reviewing my company's credit from time to time.

Authorized signature (owner, officer or partner)

Expected annual volume of business:

Credit Line Desired:



CREDIT APPLICATION

Email Completed Application for ARbox@veriha.com or Fax to (715)330-5949

This information is given to obtain open account status. We agree to make full payment to VERIHA TRUCKING INC. upon receipt of invoice but in no case later than (15) days following date of invoice. It is understood that VERIHA TRUCKING INC may impose and charge a finance charge which is the lesser of one and one-half percent (1 1/2%) per month or the highest amount allowed by law on any amount past due and delinquent. Permission is given to inquire as to our credit worthiness from any source. We also agree to pay all collections/attorney's fees if this account is placed for collection.

The following governing rules shall apply to all transportation services provided;(a) the terms of the Standard Truckload Bill of Lading – nonconforming bills of lading shall be a receipt for goods only; (b)standard claims rules otherwise applicable to common carriers (49 C.F.R. 370); and (c) cargo claims liability as set forth in the Carmack Amendment (49 U.S.C 14706). All shipments shall be subject to a maximum cargo liability of \$100,000.00 per truckload unless by special written agreement. Acceptance of credit or tender on any loan to Carrier constitutes confirmation of and agreement to all terms and conditions herein.

We understand we must notify VERIHA TRUCKING INC in writing, and by certified mail of any change in ownership, the name or the business structure under which credit is established.

DATE:	_____
SIGNATURE:	_____
PRINTED NAME:	_____

APPLICATIONS WITHOUT AN AUTHORIZED SIGNATURE WILL NOT BE PROCESSED

THE FEDERAL EQUAL OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE (PROVIDED THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT); BECAUSE ALL OR PART OF THE APPLICANT INCOME DERIVES FROM ANY PUBLIC ASSISTANCE PROGRAM; OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THE LAW CONCERNING THIS CREDIT IS THE FEDERAL TRADE COMMISSION, EQUAL CREDIT OPPORTUNITY, WASHINGTON D.C. 20580

BILLING/INVOICE INFORMATION

Preferred Electronic Method For Invoices	Fax (Provide Number)		
	Email(provide address)		
Address of Customer (if different from above) or Pay agent (if applicable)			
Pay agent Name			
Address			
City	State	ZIP Code	
Accounts Payable Contact Name:			
Email Address:			
Phone:			
Fax:			