*BENNETT CONTACT:*_____*PHONE #:*_____*CREDIT LIMIT REQUESTED:*_____

APPLICATION FOR CREDIT

Business Name:_____DBA:_____
Mailing/BillingAddress:_____
City/ST/Zip:_____

Physical Street Address:_____
City/ST/Zip:_____
Telephone:_____Fax:_____Email:_____
Accounting Contact:_____Phone:_____
Billing Requirements:_____
Would you like your invoices emailed: ____ Yes ____ No If yes, please advise email address: _____

Type of Business: Proprietorship:_____Partnership:_____Corporation:_____LLC:_____
Corp. Federal ID #:_____Duns #:_____
Under Present Ownership Since:_____# of Locations:_____

Are you C-TPAT Certified? _____Yes _____ No If yes, provide SVI # _____

TRADE REFERENCE, COMPANY, ADDRESS, ACCT #, & PHONE #

1. _____
2. _____
3. _____

BANK REFERENCES

Bank Name *Contact* *Acct. #* *Phone #*

1. _____

2. _____

CREDIT AGREEMENT

I certify that the information contained on the Credit Application is true and complete to the best of my knowledge, and that the discovery of falsification of any of the information presented on the application may lead to the revocation of any credit extended by BENNETT INTERNATIONAL TRANSPORT ("BIT"). I hereby authorize BIT to contact any company, individual or agency that may provide any relevant information necessary to establish credit for the business listed on this application. It is understood and agreed that all charges not paid within thirty days of receipt of invoice shall accrue interest at the rate of 1.5% per month. It is further agreed that the undersigned shall pay any collection expenses, including reasonable attorney's fees that may become necessary to effect collection of this account. All actions or proceedings instituted by BIT for the collection of freight charges owed by the shipper, consignor, consignee or any other third party involved in the shipment shall be exclusively brought in the State Court of Henry County, Georgia. The undersigned shall not raise and hereby waives, any defenses based on the venue, inconvenience of the forum, lack of personal jurisdiction, sufficiency of service or process of the like in any such cause of action or suit brought in the State Court of Henry County, Georgia.

BY MY SIGNATURE BEING ON THIS APPLICATION, I AUTHORIZE MY BANK AND CREDITORS TO RELEASE MY CREDIT INFORMATION.

Applicant Signature:_____Applicant Title:_____Date Signed:_____
**Return completed form to Robin Novotny @ robin.novotny@bennettig.com or fax # 678-569-1266*