

CUSTOMER APPLICATION

SWIFTLINK LOGISTICS, LLC

* indicates required field

COMPANY INFORMATION

COMPANY LEGAL NAME *

PHONE NUMBER *

DBA (IF ANY)

ENTITY TYPE (LLC / CORP / SOLE PROP) *

FEDERAL TAX ID / EIN *

PHYSICAL ADDRESS *

CITY *

STATE *

ZIP CODE *

BILLING ADDRESS (LEAVE BLANK IF SAME)

CITY

STATE

ZIP CODE

COMPANY CLASSIFICATION

YEAR BUSINESS STARTED

D&B / DUNS NUMBER

REQUESTED PAYMENT TERMS

AVG. WEEKLY SHIPMENT VOLUME

SERVICES REQUIRED

check all that apply *

☐ Full Truckload ☐ LTL ☐ Drayage ☐ Heavy Haul ☐ Expedited ☐ Hazmat

ESTIMATED MAXIMUM LOAD VALUE

*

☐ \$0 - \$50k ☐ \$51k - \$100k ☐ \$101k - \$250k ☐ \$251k - \$500k ☐ \$501k+

SHIPPING / OPERATIONS CONTACT

OPERATIONS CONTACT *

OPERATIONS PHONE *

OPERATIONS EMAIL *

AFTER-HOURS / EMERGENCY PHONE

ACCOUNTS PAYABLE

ACCOUNTS PAYABLE CONTACT *

ACCOUNTS PAYABLE PHONE *

ACCOUNTS PAYABLE EMAIL *

DO YOU USE AN ONLINE PORTAL FOR BILLING? IF SO, PLEASE INCLUDE DETAILS (PORTAL NAME / URL / VENDOR ID)

DESIRED PAYMENT METHOD

☐ Check ☐ ACH / Wire ☐ Other:

Please note: all ACH/Wire payments must include Customer's name and invoice number.

CREDIT REFERENCES
*four (4) required **

	COMPANY NAME	CONTACT NAME	PHONE	EMAIL
1				
2				
3				
4				

Applications submitted without four complete credit references and a bank reference may delay credit approval.

BANK REFERENCE

*

BANK NAME	BANK CONTACT / OFFICER	BANK PHONE

QUESTIONNAIRE

Do you require EDI transmission?	☐ Yes ☐ No
How do you prefer your invoice communications?	☐ Email ☐ Fax
Do you require your PO # on your invoices?	☐ Yes ☐ No
Do you require a copy of your Rate Con with the Freight Bill?	☐ Yes ☐ No
Are your loads pallet exchanges?	☐ Yes ☐ No
Does your company pay for lumpers?	☐ Yes ☐ No

TERMS AND CONDITIONS

1. Applicant hereby certifies that he/she is authorized to represent the above-named company.
2. Applicant hereby certifies that the information furnished in this application is true and correct.
3. Invoice / billing date terms are NET 30 unless other terms are approved in writing by SwiftLink Logistics, LLC.
4. Applicant affirms that there are no open judgments, suits, or liens against their company.
5. Applicant affirms that the financial condition of the business is satisfactory and all financial obligations can be met.
6. Applicant understands that a finance charge of 1.5% per month (18% per annum) will be added to all accounts thirty (30) days or more past due.
7. If SwiftLink Logistics LLC deems it necessary to use the services of a collection agency or attorney to collect any amounts due, Applicant agrees to pay all collection costs, attorney fees, and court costs.
8. Applicant understands that SwiftLink Logistics LLC may report payment experiences to credit reporting agencies.
9. By signing this credit application, authorization is hereby given to SwiftLink Logistics LLC to contact any or all credit and bank references provided.
10. Applicant understands that motor carriers under contract with SwiftLink Logistics LLC are required to maintain cargo loss and damage liability insurance in the amount of \$100,000 per shipment. By signing below, Applicant acknowledges that loads valued at more than \$100,000 will not be tendered without sufficient prior written notification to SwiftLink Logistics LLC to allow SwiftLink Logistics LLC and its carriers the opportunity to arrange for increased insurance limits. Failure to provide timely written notice will result in loads not being insured to the extent the value exceeds \$100,000.
11. SwiftLink Logistics LLC reserves the right to establish and modify the Applicant's credit limit at any time based on credit review and payment history.

☐ Check here to indicate that you have read and agree to the Terms and Conditions.

AUTHORIZED COMPANY REPRESENTATIVE

SIGNATURE (TYPE FULL LEGAL NAME TO SIGN)

DATE

PRINTED NAME

TITLE

EMAIL

PHONE