



**Freight Dynamics, Inc.
New Customer Profile Form**

Full Legal Name of Company	Complete Name (1 st Business Trade Reference)
Doing Business as	Complete Address
Billing Address	City/State/Zip
City/State/Zip	Contact Name/Acct #
Physical Address (if different)	Tel # / Fax #
City/State/Zip	Complete Name (2 nd Business Trade Reference)
Email Address	Complete Address
Tel # / Fax #	City/State/Zip
Owner/ CEO's Name SIC Code	Contact Name / Acct #
Federal ID # DUNS#	Tel # / Fax #
Date /State of Incorporation	Complete Name (3 rd Business Trade Reference)
Current Ownership in place since	Complete Address
Accounts Payable Contact	City/State/Zip
Check one: ___ Corp. ___ Partnership ___ Individual	Tel # / Fax #

Estimated Annual Sales: \$ _____

Desired Credit with FDI: \$ _____

Financial Institution (Bank Reference)

Complete Address _____

City/State/Zip _____

Contact Name / Acct # _____

Tel # / Fax # _____

We warrant the information provided to be true. I, an authorized Officer, grant permission to investigate the references, including Commercial and consumer Credit checks. I agree to pay Freight Dynamics, Inc.'s terms of Net 15 days. A 10% late fee and service charge of 18 percent Per year will be imposed upon the accrued, not paid within 15 days. We agree to pay assessed interest up to the unpaid balance of any bill highest amount allowed by law. If the account is placed with an attorney, whether a lawsuit is filed or otherwise, or if the services of an attorney required to protect our interest, we agree to pay all costs and suit fees, including a reasonable attorney's Fees. In addition, we agree to pay all charges on all returned checks on our account \$50 per check. We also understand and agree that all litigation will be in the State of Minnesota.

The Federal Equal Credit Opportunity Act prohibits creditors from Discriminating against credit applicants on the basis of race, color, religion, origin, sex, marital status or age. The federal agency that administers Compliance with this law is the Federal Trade Commission.

Signature _____ **Date** _____

Print Name _____ **Title** _____

Please Fax completed form to 763.550.9949 to the attention of Accounting to establish an account with Freight Dynamics, Inc. Please allow up to 3 days to open an account and complete credit verification.

Personal Guarantee
As additional consideration for the extension of credit, the Undersigned personally guarantees and agrees to pay Freight Dynamics When due, and upon demand, the full amount of any indebtedness owed To Freight Dynamics, Inc.

First time customers please use Visa, MasterCard or American Express, check or Cash for the first transaction with Freight Dynamics, Inc. For more information please call 800.883.8777 Or visit our website at www.freightdynamics.com or email us at info@freightdynamics.com . Thank you!

Signature _____ **Date** _____

Print Name _____ **Title** _____

Witness _____ **Date** _____