

CUSTOMER APPLICATION

Name of Client that you are	applying for credit with:	ONX Logistics LLC Client# 30)86		
COMPANY INFORMATION	1				
Legal Name:			Fed ID #:		
DBA:					
Address:		City:	State:	Zip Code:	
Phone:	Fax:	County/Parish:	Website:		
Mailing Address (If different from above):		City:	State:	Zip Code:	
DAILY CONTACT PERSON	Name:	Oity.	Title:	Zip Code.	
Phone:	Mobile:	Fax:	Email:		
	Sole Proprietor	hip 🗆 Limited Partnership 🗆 L	LC Corporation	Business Sta	irt Date:
STATE or JURISDICTION					
Home Office / Parent Comp	any:		City:		State:
Bankruptcy filings (company		es □ No If yes, which type	2		
Purchase Order Required?		me of Authorized Person to Issu	., .,		
Are you listed with Dun & B		o #:			
MOTOR CARRIER #:		DOT #:		NAICS #:	
PRINCIPALS & SHAREHO	DLDERS				
NAME (full legal)	TITLE	ADDRESS	Pi	HONE	EMAIL ADDRESS
BANK NAME	ADDRES	S ACCO		BANK OFFICER	PHONE
TRADE CREDITORS					
NAME OF COMPANY	ADDRES		EMAIL	PHONE	FAX
	ADDRES	<u> </u>	EMAIL	FHONE	FAA
Peoples Bank of Alabama, may from ti that ProBilling & Funding Service may to Company, any client may receive a due on the 15th day of the calendar mo	me to time purchase accounts receive refuse to purchase accounts of the C copy of this application and all such onth after the calendar month of the s	sted credit from the clients listed above a able. Company is furnishing the informatio ompany from any of the clients at any time parties are authorized to release credit cc tatement date. If ProBilling & Funding Sen pay all collection costs, including a reaso	on and agreements herein so e without notice to Company oncerning Company to ProBi vice, after Company's refusa	lely at the clients request to c or any other party. All parties lling & Funding Service. Con I to pay, collects through an a	btain credit from clients and understand listed above, and with or without notic pany understands that all accounts an ttorney any indebtedness related to an
Signature / Title		Print Name		Date	
from any Client with the above applicat	nt or any other applicant with common	PERSONAL GUARAN Intee the payment when due of all invoice: n ownership. The undersigned personal gu use of consumer credit report on the unde	s/accounts purchased by Pro uarantor, recognizing that his	or her individual credit histor	y may be a necessary factor in the
Signature		Print Name		Date	
Social Security #					
PLEA		ED CUSTOMER APPLICATION MIT TO ADDRESS: P.O. Box p 844.277.6237	0,	• • •	1-0238