



**FREIGHT FLEX**  
LOGISTICS

## CREDIT INFORMATION FORM

Business Name: \_\_\_\_\_

Type of Co.:

☐ Corporation

☐ L.L.C.

☐ Partnership

☐ Proprietorship

Street Address: \_\_\_\_\_

City State: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Corporate Tax ID #: \_\_\_\_\_

Dun & Bradstreet #: \_\_\_\_\_

Parent Company/Headquarters: \_\_\_\_\_

Years in Business: \_\_\_\_\_

Transportation Broker: MC# \_\_\_\_\_

*Please include your Packet*

Billing Address: \_\_\_\_\_

City State: \_\_\_\_\_

How would you like to be billed?

☐ Email

☐ Fax

☐ Mail

☐ EDI

Paperless Billing Email Address: \_\_\_\_\_

Paperless Billing Fax No.: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

A/P Phone No.: \_\_\_\_\_

A/P Email: \_\_\_\_\_

Documents required with invoice: (ex. Work Order, BOL, POD, Rate Confirm) \_\_\_\_\_

REFERENCES: (Include at least 2 trucking companies)

1) Company: \_\_\_\_\_

Phone No.: \_\_\_\_\_

City/State: \_\_\_\_\_

Fax No.: \_\_\_\_\_

2) Company: \_\_\_\_\_

Phone No.: \_\_\_\_\_

City/State: \_\_\_\_\_

Fax No.: \_\_\_\_\_

3) Company: \_\_\_\_\_

Phone No.: \_\_\_\_\_

City/State: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City State: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Account No.: \_\_\_\_\_

Type: ☐ Savings ☐ Checking ☐ Money Market

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

By signing above, I certify that the information provided above is true and correct and is submitted for the purpose of establishing credit with Freight Flex Logistics LLC ("Freight Flex"). I authorize Freight Flex, its affiliates, assigns, and any credit bureau or investigative agency to verify the information provided, including any references or financial data submitted with or as part of this application, from the date of submission until any outstanding balance is paid in full. I authorize all relevant parties to release credit and financial information requested as part of this investigation. I agree to Freight Flex's payment terms: Full payment is due within 30 days of the invoice date. A finance charge of 2% per month (24% APR) will apply to any unpaid balances, calculated from the invoice billing date. If payment is not made as agreed, I understand that Freight Flex may seek legal collection, and I agree to pay all reasonable attorney fees, collection costs (up to 30% of the outstanding balance), court costs, and service fees associated with such collection. This authorization remains valid and irrevocable while any balance remains unpaid to Freight Flex. In the event of a dispute regarding services provided or payments due under this agreement, I agree that Miami-Dade County, Florida, shall be the exclusive venue for any legal proceedings. As a condition of doing business with Freight Flex Logistics LLC, I acknowledge and accept the terms and conditions stated above.