



CREDIT AGREEMENT

Business Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ 800 #: _____

Dun & Bradstreet Number: _____ Type of Business: _____

Special Billing Requirements: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Accounts Payable Contact: _____ Title: _____

NOTE: PLEASE SUPPLY ON COMPANY LETTERHEAD BANKING INFORMATION AND TRADE REFERENCES WITH CONTACT NAMES AND PHONE NUMBERS.

TERMS AND CONDITIONS:

The applicant acknowledges that invoice terms are 15 days from invoice date. Past due accounts are assessed a finance charge of 1 ½ % per month, compounded monthly, or the maximum rate authorized by law, whichever is lower. Payments shall firstly apply to unpaid service charges and secondly to the outstanding principal.

It is agreed that 4 Way Logistics, Inc. arranges transportation services and as such the total aggregate liability of 4 Way Logistics, Inc. under this agreement, regardless of the basis of liability or the form of action, will in no event exceed the total service fee charged by 4 Way Logistics, Inc. in respect of the shipment in dispute.

In the event that any account is not paid when due the cost of collection will be added to invoice amount.. If legal action is commenced, the prevailing party shall be entitled to its reasonable attorney fees and court costs, including any cost of appeal.

I, the undersigned, jointly, severally and unconditionally accept complete responsibility for the payment of all debts incurred in the movement of freight through 4 Way Logistics, whether or not payment has been received for the goods or for the movement of said freight by a third party.

The applicant authorizes 4 Way Logistics to conduct or cause to be conducted, a credit investigation on a continuing basis to substantiate a line of credit.

The applicant acknowledges that possession of a duly executed and transmitted facsimile copy of the original is of the same legal effect and consequence as an original.

SIGNATURE REQUIRED:

Date: _____ Applicant's Authorized Signature: _____

Title: _____ Print Name: _____

Remit To: P.O. Box 128, San Ramon, CA 94583 (925) 830-8900 Fax (925) 830-8363