

**800Freight.Net**  
**a DBA of TAS Enterprises LLC**

28562 Oso Pkwy D136, Rancho Santa Margarita, CA 92688

Tel. 877-719-2152

EIN# 33-0883165

**Credit Application & Agreement**

Sales Associate: \_\_\_\_\_

**Name of Business:** \_\_\_\_\_

Mailing/Billing Address: \_\_\_\_\_  
Address City/State Zip

Business Location: \_\_\_\_\_  
Address City/State Zip

DBA: \_\_\_\_\_ Business Start Date: \_\_\_\_\_

Applicant's Telephone #: (\_\_\_\_) \_\_\_\_\_ Contact: \_\_\_\_\_

Applicant's FAX #: (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Business is a : Corporation \_\_\_ LLC \_\_\_  
Partnership \_\_\_ Proprietorship \_\_\_ Other \_\_\_\_\_

State(s) of Incorporation/Registration: \_\_\_\_\_

**Type of Business:** \_\_\_\_\_ **Annual Sales:** \_\_\_\_\_

**Amount of Credit Requested (monthly):** \$ \_\_\_\_\_

D&B #: \_\_\_\_\_ If Corp, Fed Tax ID #: \_\_\_\_\_

D&B INFO : \_\_\_\_\_  
Corp. office use only

Name of Principals: Owners, Officer, Partners

	<i>Name</i>	<i>Title</i>	<i>Social Security #</i>	<i>Telephone #</i>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Bank References:

Bank Name: \_\_\_\_\_ Tel #/Fax #: \_\_\_\_\_  
Branch Address, City & State: \_\_\_\_\_  
Bank contact Name: \_\_\_\_\_  
Checking Acct #: \_\_\_\_\_ Savings Acct #: \_\_\_\_\_

Trade References:

	<i>Name</i>	<i>Contact</i>	<i>Tel #/Fax #</i>	<i>Credit Limit</i>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

We request that credit privileges be extended to our company and agree to pay all charges with the designated terms of 30 days of the date of invoice. Failure to do so will result in withdrawal of credit privileges. We understand that payments not received within 45 days from the invoice date will be assessed interest at the rate of one and one half (1 ½) percent per month or fraction thereof. We understand that non-payment may result in the implementation of a lien on present shipments for past outstanding debts. We understand that we will be responsible for and pay any and all costs of collecting over due amounts including collection and attorney fees, whether or not suit is filed. Venue for all actions shall be in Orange County, California.

By (Signature): \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_