



HANDLING ALL THE DETAILS

PO BOX 1058
LAKE ZURICH IL 60047

Credit Application

(Please tab to gray areas to complete form)

FAX COMPLETED FORM TO 847-726-9581

QUESTIONS PLEASE CALL 847-726-9580

Line of Credit Requested \$					
Date		Business Name			
Address				For Past	Years
	Street	City	State and Zip		
Phone#			Federal Tax I.D.#		
Shipping Address					
	Street	City	State and Zip		
D/B/A			Date Established		
Former Business Address (if applicable)					
Type of Business				How Long in Business	
Does State, County, or City Require a License?			Yes	No	
FF License if Yes	#				
Company Name and Person To Verify Bond					
NVOCC License if Yes	#				
Company Name and Person To Verify Bond					
Ownership:	Sole Owner		Partnership		Corporation
Principal					
	Name	Title	SS#	Address	
Principal					
	Name	Title	SS#	Address	
Principal					
	Name	Title	SS#	Address	
Trade References: (Name of suppliers of major products and services)					
Name			Phone and Fax		
Bank Reference:	Checking		Loan		Savings
Name	Address		Acct#	Contact	
Name	Address		Acct#	Contact	

Name		Address		Acct#		Contact	
No. of Employees				Est. Annual Sales		\$	
Sales Area							
Has the firm or any of its Principals ever been bankrupt?						Yes s	
If yes, explain:							
Mortgage Holder/Landlord							
Address				Phone			
Other Business Debts:							
Name		Address		Balance Due			
Person to contact about account:							
		Name		Title		E-mail	
Type of credit agreement:							

Applicant agrees to pay any collection costs incurred to collect the amount balance, including reasonable attorney's fees. Past due balances over 30 days will accrue interest charges at 1.5% monthly.

The undersigned will/will not submit a financial statement.

The undersigned as an inducement to grant credit warrants that the information submitted is true and correct. You are authorized to investigate the credit references listed on the application.

PERSONAL GUARANTEE

In consideration of ATTS's provision of freight services and extension of credit to the above named applicant, whether applicant be an individual or individuals, a proprietorship, a partnership, a corporation, or other entity, each of the individual person(s) signing below hereby jointly, severally, unconditionally, and irrevocably personally guarantee to ATTS, the full, prompt and faithful performance when due of all contractual terms, including payment, for all accounts of said applicant for freight services made within the next five years after the date of this application. The guarantor(s) hereby expressly waive any and all: (a) defense; protest; presentment; demand; dishonor; diligence; (b) any and all notices: of default or nonpayment, acceptance of partial payment or compromise of this guarantee, notices of extension, modification or renewal of any credit or other terms to applicant; and; (c) any and all other waivers and notices to which the guarantor(s) might otherwise be entitled under this guarantee. Any modification, change or amendment must be in writing and signed by ATTS. Guarantor(s) acknowledge and agree that in absolutely no event will any purported, alleged or claimed oral modification, change or amendment of this guarantee be valid or enforceable. The guarantor(s) certify that the representations made in or accompanying this application are true, correct and complete, and further agree to the contractual terms stated in this application regarding collection costs, fees and charges. For purposes of this personal guarantee, any formal title following the person's name stated below shall be disregarded, invalid and void. This is a protected document. Only those lines intentionally left blank are authorized for completion by applicant. Any unauthorized changes to the text of this document shall be null and void and of no force or effect.

Name		Title		Name		Title	
Name		Title		Name		Title	
Credit Department Use Only Date Line of Credit Approved							
Date Line of Credit Denied							
Comments:							