



681 Railroad Blvd. Grand Junction, CO 81505  
 Phone: 602-237-6718 FAX: 602-680-2498  
 MC# 474539 Surety Bond # 25535

## SHIPPER APPLICATION FOR CREDIT

Date: \_\_\_\_\_ Salesperson: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
 Email: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Federal ID: \_\_\_\_\_ Duns #: \_\_\_\_\_  
 Years in Business: \_\_\_\_\_ Corp/Part/SP: \_\_\_\_\_  
 Principle Owners/Officers: \_\_\_\_\_  
 Parent Co. Name and Address If Applicable: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Account \_\_\_\_\_ Account #: \_\_\_\_\_

Type of Account \_\_\_\_\_ Account #: \_\_\_\_\_

Amount of credit requesting: \$ \_\_\_\_\_

**TRADE REFERENCES** (3- Please do not give credit card references; please include carriers you have done business with)

|                    |                 |
|--------------------|-----------------|
| Business Name:     | Phone           |
| Address:           | City, State Zip |
| Amount Outstanding | Terms           |
| Contact Name:      | Phone:          |
| Business Name:     | Phone           |
| Address:           | City, State Zip |
| Amount Outstanding | Terms           |
| Contact Name:      | Phone:          |
| Business Name:     | Phone           |
| Address:           | City, State Zip |
| Amount Outstanding | Terms           |
| Contact Name:      | Phone:          |

The undersigned understands and acknowledges that invoices rendered by Mesa Transportation Group LLC dba FreightMatchers.com requires payment on a net 15 day term; and authorizes payment from the invoice. POD's will be made available upon request. The undersigned further agrees that past due balances shall be assessed a service charge of 1-1/2% per month or \$35.00, which ever is greater. I authorize the release of credit information for the purpose of establishing credit with Freightmatchers.com.

Print Name and Title: \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Please forward this application to Credit Department. FAX number 602-680-2498 Attn: Accounts Receivable Internal Use Only:**

|             |                       |       |
|-------------|-----------------------|-------|
| CL Amount : | Verified/Approved By: | Date: |
|             |                       |       |