



Credit Application & Agreement

Applicant (Business or Individual Name) RAM Enterprise, Inc.		Accounts Payable Contact Name & Phone Tracy Brown 775.738.3997		
Business Physical Address 1225 West Main Street		City Elko	State NV	Postal code 89801
Billing Address Same		City	State	Postal code
Years Established 30	Type of Business: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor			State of Incorporation: Nevada
Type of Business: <input type="checkbox"/> Enclosed <input type="checkbox"/> Will be Mailed <input type="checkbox"/> Declined		We request a monthly credit line of \$ 5000.00		
Primary SIC Code	Federal Identification Number 93-1073692	Duns # 78-447-3506		
CREDIT REFERENCES - 3 Required (Name, Address, Phone, Fax) See attached				
Bank Name and Contact Name at Bank See attached		Phone	Account Number	

****RAM STANDARD PAYMENT TERMS ARE NET 45 DAYS****

TERMS: Our payment terms are Net 30 days. All invoice balances over Net 30 Days will incur a finance charge of 1.5% per month. In consideration of Tri-Star Management Services DBA Legacy Supply Chain Services, and its wholly owned subsidiaries Griffin Transport Services, Inc., Legacy Transportation Services and TFL extending credit to the Applicant, the Applicant agrees to pay for services rendered/funds to be advanced for the Applicant in accordance with our terms and conditions. Applicant agrees to each of the terms and conditions which may be found at www.legacyscs.com. Applicant acknowledges that all sums due Legacy Supply Chain Services which have not been paid according to terms may be subject to late payment penalties and/or credit suspension. Should it become necessary to place the account with a collection agency or attorney, the Applicant agrees to pay all collection and attorney fees in addition to all other sums due. Applicant authorizes Legacy Supply Chain Services to obtain credit and financial information concerning the Applicant at any time and from any source. The undersigned warrants that the above agreement has been carefully read and that Applicant understands it completely.

I certify that I have the Authority to sign and enter into this agreement with Tri-Star Management Services DBA Legacy Supply Chain and its subsidiaries on behalf of the above-mentioned company.

Name of Applicant	Title
Kim A Melton	Supply Chain Manager
Signature 	Date
	4/13/2021

For use by Tri Starr Management Services, Inc. dba LEGACY Supply Chain Services, and its wholly owned affiliates.

Credit Approved By	Date	Credit Limit	Terms
_____	_____	_____	_____