



### Credit Application & Agreement

Applicant (Business or Individual Name)			Accounts Payable Contact Name & Phone		
Business Physical Address		City	State	Postal code	Country
Billing Address		City	State	Postal code	Country
Years Established		Type of Business: Corporation      Partnership      Sole Proprietor			State of Incorporation:
Type of Business: Enclosed      Will be Mailed      Declined			We request a monthly credit line of \$		
Primary SIC Code	Federal Identification Number	Duns #			
CREDIT REFERENCES - 3 Required (Name, Address, Phone, Fax)					
		Bank Name and Contact Name at Bank	Phone	Account Number	

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](http://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
Signature	Date

**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