FROZEN FOOD EXPRESS

CUSTOMER CREDIT & BILLING ACCOUNT SETUP

FFE's terms are Net 15. **Venue for any legal action is Dallas County, Texas.** Unless otherwise expressly agreed to in writing, applicant acknowledges that shipment transactions will be subject to the Frozen Food Express rules tariff, FRZF105 found at <u>www.ffeinc.com</u> – General Rules Tariff.

| FFE Sales Representative: | Indicate the form of business you will tender: | | Less Than Truckload | Storage | | |
|--|--|---------------------------------------|-------------------------------------|-----------------|-------------------------------|--|
| Street Address: | FFE Sales Representative: _ | | Credit Limit R | | equesting: | |
| List an Officer or Partner: Position/Title: Corporate HQ Address: City: ST: Zip: Invoicing Requirements - Proof of Delivery included with invoice. Shipper number, PD#, BL#, and PU# are also printed on invoice when applicable. AP/Invoice Contact: Phone# Invoice Address: City: ST: Zip: Email address for paperless invoicing: ST: ST: Zip: Phone: Email: Phone: Email: SS&D (Over, Short, or Damage) Contact Information Same as above First and Last Name: Email: Phone: Email: Phone: Email: Phone: Email: Phone: Email: | Customer/Company Name: | | | | Duns# | |
| Corporate HQ Address: | Street Address: | | City: | ST: | Zip: | |
| Invoicing Requirements - Proof of Delivery included with invoice. Shipper number, PO#, BL#, and PU# are also printed on invoice when applicable. AP/Invoice Contact: Phone# | List an Officer or Partner: | | Position/Title: | | | |
| when applicable. AP/Invoice Contact: Invoice Address: City: ST: Zip: Email address for paperless invoicing: LTL Detention Contact Information Notification required: Yes No First & Last Name: Phone: Email: Phone: Email: | Corporate HQ Address: | | City: | ST: | _ Zip: | |
| Invoice Address: City: ST: Zip: Email address for paperless invoicing: LTL Detention Contact Information Notification required: Yes No First & Last Name: Phone: Email: Appointment Contact Information Same as above First & Last Name: Phone: Email: OS&D (Over, Short, or Damage) Contact Information Same as above First and Last Name: Phone: Email: | Invoicing Requirement when applicable. | ts - Proof of Delivery include | ed with invoice. Shipper number, PC |)#, BL#, and PU | # are also printed on invoice | |
| Email address for paperless invoicing: | AP/Invoice Contact: | | Phone# | | | |
| LTL Detention Contact Information Notification required: Yes First & Last Name: | Invoice Address: | | City: | ST: | Zip: | |
| Notification required: Yes No First & Last Name: | Email address for paperless | invoicing: | | | | |
| First & Last Name: Phone: Email: Appointment Contact Information Same as above First & Last Name: Phone: Email: OS&D (Over, Short, or Damage) Contact Information Same as above First and Last Name: Phone: Email: Phone: Email: Phone: Email: Phone: Email: Phone: Phone: Email: Phone: Position/Title: Position/Title: | LTL Detention Contact Ir | nformation | | | | |
| Phone: Email: Appointment Contact Information Same as above First & Last Name: Phone: Email: Contact Information Same as above First and Last Name: Phone: Email: Phone: Email: Phone: Email: Phone: Phone: Email: Phone: Phone:< | Notification required: | Yes No | | | | |
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| Phone: Completed by First & Last Name: Phone: < | Appointment Contact Inf | formation Same as ab | ove | | | |
| OS&D (Over, Short, or Damage) Contact Information Same as above First and Last Name: Email: Phone: Email: Completed by First & Last Name: Position/Title: | First & Last Name: | | | | | |
| First and Last Name: | Phone: | Email: | | | | |
| Phone: Email: Completed by First & Last Name: Position/Title: | OS&D (Over, Short, or Da | amage) Contact Info | rmation Same as above | | | |
| Completed by First & Last Name: Position/Title: | First and Last Name: | | | | | |
| First & Last Name: Position/Title: | Phone: | Email: | | | | |
| Phone: Email: Date: | | | Position/Title: | | | |
| | Phone: | Email: | | _ Date: | | |