



Xpress Transportation Management Solutions
A Subsidiary of Xpress Global Systems, LLC

6137 SHALLOWFORD RD, CHATTANOOGA, TN 37421
423/510-5523 FAX: 423/485-6430 or email sknight@xgsi.com

XTMS USE ONLY: CUSTOMER # _____ RAE/AE # _____

Please fax completed credit application to the attention of Shirley Knight: (423) 485-6430

Date: _____ Credit Line Requested: _____
Company Name: _____ DBA: _____
Division/Subsidiary of: _____ D&B Number: _____

Bill to Information:

Customer/Paying Agent Name (if applicable): _____
Address: _____
City, _____ State, _____ Zip: _____
Accounts Payable Contact: _____ E-mail: _____
Phone #: () _____ - _____ Fax #: () _____ - _____
BOL/POD Required? _____ Y _____ N
Email address for E-Billing (Receive invoice via e-mail): _____

Shipping Information:

Customer Name (if applicable): _____
Address: _____

_____ State, _____ Zip: _____ City,

Phone #: () _____ - _____ Fax #: () _____ - _____

Type of Entity: () Corporation () Branch () Partnership () Sole Proprietorship () Other
Type of Business: () Distribution () Manufacturing () Retail () Other

Date Business Started: _____ Federal Tax ID#: _____

Company Officers, Partners, or
Proprietor:

Name: _____ Title: _____
Name: _____ Title: _____
Name: _____ Title: _____
Name: _____ Title: _____



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Credit References: Three (3) References Must Be Listed, Preferably Supply Creditors.

Name: _____

Address: _____

Phone: _____

Date Opened: _____

Current BAL: _____

Terms: _____

Name: _____

Address: _____

Phone: _____

Date Opened: _____

Current BAL: _____

Terms: _____

Name: _____

Address: _____

Phone: _____

Date Opened: _____

Current BAL: _____

Terms: _____



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Primary Bank Information:

Name: _____ Account No: _____
Address: _____
Bank Officer: _____
Phone: _____ Fax: _____

I hereby authorize the bank named herein to release info requested for the purpose of obtaining and/or reviewing my Company's credit from time to time. _____

Officer's Signature

This information is given to obtain an open account status. We agree to make full payment to Xpress Transportation Management Solutions, LLC. ("XTMS") upon receipt of invoice, but in no case later than thirty (30) days following date of invoice. Permission is given to inquire as to our credit worthiness from any source. We also agree to pay all collections/attorney's fees if this account is placed for collection. In the event of litigation, the statues and laws of the State of Tennessee shall apply and jurisdiction and venue shall lie in Chattanooga, Hamilton County, Tennessee.

The Company understands that it must notify XTMS in writing, and by certified mail, of any change in ownership, the name or the business structure under which credit is established.

Print Name: _____ Signature: _____
Date: _____

The person executing this agreement acknowledges and certifies that he/she has authority to bind the customer and is authorized by the customer to enter into the credit application terms and conditions.

Applications without an authorized signature above will not be processed.

PERSONAL GUARANTY

I, by my signature below, hereby voluntarily authorize XTMS to obtain "consumer reports" and/or "investigative consumer reports" about me from a consumer reporting agency and to consider the reports when making decisions or when advising or counseling lenders regarding the Customer's application for the extension of credit or after we may become a borrower with respect to any evaluation of credit risk in connection with any collection activity or an extension or modification of an existing credit or the extension of new or additional credit to Customer. I also release XTMS from any and all liability for conducting such an investigation. I unconditionally and absolutely guarantee to XTMS the full and prompt payment and performance by the Customer of all of its obligations under and pursuant to this Credit Application, together with the full and prompt payment of any and all costs, expenses of, and incidental to the enforcement of this Personal Guaranty, including without limitation

reasonable attorney’s fees. I agree that this Personal Guaranty shall remain in full force and effect and be binding upon me until the Customer has performed all of its obligations in full.

PERSONAL GUARANTY CONTINUED

I agree that so long as there is any portion due and owing or that becomes due and owing by Customer to XTMS pursuant or incidental to this Credit Application that I, as the Guarantor, shall be liable to XTMS without any prior notice. I agree that this Personal Guaranty shall be deemed a contract made under and pursuant to the laws of the state of Tennessee and shall be governed by and construed in accordance with such laws. Prior to signing this Personal Guaranty Agreement, I have read the attached document entitled “Fair Credit Reporting Act Disclosure,” which defines the terms “consumer”, “consumer report” and “ investigative consumer report,” and the summary of rights under the Fair Credit Reporting Act as contained in 15 U.S.C. 1681 et seq, attached to the Disclosure.

I understand the information disclosed to me, have had an opportunity to ask questions about the information and had my questions, if any, answered.

Print Name of Personal Guarantor

Signature of Personal Guarantor

Date

Relationship to Customer/Title

Social Security Number

Address of Personal Guarantor

THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS; AGE (PROVIDED THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT); BECAUSE ALL OR PART OF THE APPLICANTS INCOME DERIVES FROM ANY PUBLIC ASSISTANCE PROGRAM; OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING THIS CREDITOR IS FEDERAL TRADE COMMISSION, EQUAL CREDIT OPPORTUNITY; WASHINGTON, D.C. 20580.

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact XTMS, LLC., Attn: Credit & Collections, 6137 Shallowford Rd, Chattanooga, TN 37421 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

XTMS, LLC. reserves the right, at its sole discretion and without notice, to cancel all available credit and refuse to make future advances.