



## **TRANSPORTATION SERVICES, INC.**

Dear Valued Customer,

B2B Transportation Services, Inc is always evolving as the needs of customers change and as new opportunities are created in the market. We are confident that working with our company, you will enjoy the best service in the industry.

Please find the enclosed, appropriate information regarding B2B Transportation Service, Inc. as requested. We have enclosed a request for credit information that we ask you to complete and return via [credit@b2btranserv.com](mailto:credit@b2btranserv.com) or (541) 804-7826 at your earliest convenience. Information submitted in your own format is acceptable, provided it contains the same information requested on our information sheet. In that event, we require that you sign and date our form accepting our payment terms and return it with your information.

Thank you in advance for your consideration and for taking the time to complete our form. Should you have any questions or if more information is required, please do not hesitate to contact our credit support team at [credit@b2btranserv.com](mailto:credit@b2btranserv.com) or Marci Lake at (541) 608-1161.

Thank you,

A handwritten signature in purple ink, appearing to read 'Cale Pearson', with a long horizontal stroke extending to the right.

Cale Pearson  
General Manager  
B2B Transportation Services, Inc.

Physical Address • 3512 Excel Dr., Suite 101 • Medford, OR 97504

Mailing Address • PO Box 3670 • Central Point, OR 97502

Toll Free (866) 264-4014 • Local (541) 774-1100 • Fax (541) 804-7826 • [credit@b2btranserv.com](mailto:credit@b2btranserv.com)



# TRANSPORTATION SERVICES, INC.

## CREDIT APPLICATION

Business Name: \_\_\_\_\_ DBA: \_\_\_\_\_  
 Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City, State Zip: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Type of Business: \_\_\_\_\_ No yrs in Business: \_\_\_\_\_ FED ID #: \_\_\_\_\_

Please list any parent companies or subsidiaries: \_\_\_\_\_  
 Please give name(s) and Location(s): \_\_\_\_\_

## ACCOUNTING INFORMATION

A/P Contact: _____	<b>Preferred Method of Invoices:</b>
Direct Phone: _____	E-mail**                      Post Mail
Contact Email: _____	Invoice Email: _____
Billing Address: _____	<b>Preferred Method of Payments:</b>
City, State Zip _____	ACH**                      Check
	**preferred

## REFERENCES

### Banking Reference

Banking Institution: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Branch Location: \_\_\_\_\_ Account: \_\_\_\_\_

### PLEASE LIST FOUR TRADE/TRANSPORTATION REFERENCES:

### Preferred method of request:

Company Name: _____	Email: _____
City, State _____	Phone: _____
Account Number: _____	Fax: _____
Company Name: _____	Email: _____
City, State _____	Phone: _____
Account Number: _____	Fax: _____
Company Name: _____	Email: _____
City, State _____	Phone: _____
Account Number: _____	Fax: _____
Company Name: _____	Email: _____
City, State _____	Phone: _____
Account Number: _____	Fax: _____



# TRANSPORTATION SERVICES, INC.

## BILLING REQUIREMENTS

Does your company utilize a web portal for invoicing and payment status? YES NO  
If so, please provide instructions.

Billing information required. Check all that apply:

BOL/POD PO Number Buyer/lot Number  
Lumper Receipts Customer Confirmation Release Number

## TERMS AND CONDITIONS OF ACCOUNT

IN SUPPORT OF THE APPLICATION, B2B TRANSPORTATION SERVICES, INC. IS HEREBY AUTHORIZED TO OBTAIN CREDIT AND/OR FINANCIAL INFORMATION FROM MY BANK, OTHER FINANCIAL INSTITUTIONS OR COMMERCIAL FIRMS WITH WHOM I HAVE DONE BUSINESS. IT IS UNDERSTOOD THAT ANY SUCH CREDIT AND/OR FINANCIAL INFORMATION WILL BE HELD IN STRICT CONFIDENCE AND USED ONLY IN CONSIDERATION OF THIS APPLICATION.

UPON APPROVAL OF THIS APPLICATION, IT IS AGREED THAT ALL INVOICES WILL BE PAID IN FULL NO LATER THAN 15 DAYS FROM THE DATE OF THE INVOICE. PAST DUE INVOICES SUBJECT TO 1.0% PER MONTH LATE FEE (ANNUAL 12%) OR SUCH AMOUNT ALLOWED BY LAW. SHOULD I NOT PAY B2B TRANSPORTATION SERVICES, INC. ACCORDING TO THESE TERMS, IT IS UNDERSTOOD THAT CREDIT PRIVILEGES MAY BE WITHDRAWN & ACCOUNT WILL BE REFERRED TO COLLECTIONS. I AGREE TO PAY ALL ATTORNEY FEES, COLLECTION COSTS AND/OR COURT COSTS INCURRED BY B2B TRANSPORTATION SERVICES, INC. TO COLLECT ANY PAST DUE AMOUNTS HEREUNDER, WHETHER LEGAL ACTIONS IS FILED OR NOT. VENUE AND JURISDICTION FOR ANY DISPUTE HEREUNDER SHALL LIE IN JACKSON COUNTY, OREGON. A COPY OF THIS STATEMENT AND APPLICATION HAS BEEN RECEIVED. IT IS UNDERSTOOD AND AGREED THAT B2B TRANSPORTATION SERVICES, INC IS NOT A CARRIER OR FREIGHT FORWARDER AND B2B TRANSPORTATION SERVICES, INC., WILL NOT BE LIABLE FOR LOSS, DAMAGE, OR DELAY IN THE TRANSPORTATION OF GOODS. UNDER NO CIRCUMSTANCE WILL B2B TRANSPORTATION SERVICES, INC., BE LIABLE FOR ANY CONSEQUENTIAL, INDIRECT, INCIDENTAL, OR PUNITIVE DAMAGES OF ANY KIND. SHIPPER OBLIGATION: SHIPPER IS RESPONSIBLE FOR ENSURING THAT ALL GOODS ARE PROPERLY PACKAGED, SUPPORTED, BLOCKED, BRACED, AND SAFELY LOADED. SHIPPER IS RESPONSIBLE FOR EXPENSES ARISING OUT OF ANY LOAD SHIFT THAT OCCURS DURING TRANSPORTATION DUE TO IMPROPER LOADING. B2B REQUIRES WRITTEN NOTIFICATION IF A SINGLE LOAD IS VALUED MORE THAN \$100,000. SHIPPER IS RESPONSIBLE TO PROVIDE ACCURATE VALUE, NECESSARY SHIPPING INSTRUCTIONS AND PROPERLY IDENTIFY ALL GOODS ON THE BILL OF LADING. SHIPPER WILL NOT TENDER RESTRICTED COMMODITIES, INCLUDING BUT NOT LIMITED TO HAZARDOUS MATERIAL & WASTE, OVERSIZED OR OVERWEIGHT SHIPMENTS COILED OR ROLLED PRODUCTS OR COMMODITIES REQUIRING PROTECTION FROM HEAT OR COLD, WITHOUT PROPERLY IDENTIFYING SUCH SHIPMENTS AND MAKING NECESSARY PRIOR ARRANGMENTS FOR TRANSPORTATION. UNLESS PRIOR ARRANGMENTS ARE MADE FOR A CARRIER TO CONDUCT A PROPER CASE COUNT, SHIPPER IS RESPONSIBLE FOR PROPERLY COUNTING AND RECORDING THE NUMBER OF PIECES AND APPLYING PROTECTIVE SEAL TO THE LOADED EQUIPMENT. CLAIMS THAT ARE CONCEALED AND ARE NOT REPORTED IN WRITING WITHIN 5 BUSINESS DAYS FROM DATE OF DELIVERY MAY BE DECLINED. ALL CLAIMS ARE SUBJECT TO FEDERAL STATUES AND REGULATIONS INCLUDING BUT NOT LIMITED TO 49 U.S.C.§14706 et seq., COMMONLY KNOWN AS THE CARMACK AMENDMENT.

AUTHORIZED SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

## FOR OFFICE USE ONLY

Date Approved: \_\_\_\_\_ Approved Credit Limit: \_\_\_\_\_  
Date Denied: \_\_\_\_\_ Prepay options: ACH-C Wire CC  
Salesperson: \_\_\_\_\_ Div: \_\_\_\_\_  
Approved By: \_\_\_\_\_