



Corporate Office
95 Chastain Rd, Ste: 200
Kennesaw GA 30144
678/251-1572

Credit Application

Please print in ink, and please fill out this form completely.

Credit Applicant: _____
Full Name of Your Company ("Customer", "you" or "your")

Billing Address: _____ Physical Address: _____
Street Address/P.O. Box Street Address

_____ City State Zip _____ City State Zip

Telephone number: _____ Fax number: _____

President: _____ Controller: _____

Accounts Payable Contact: _____ AP Email Address: _____

Type of Business: _____ Corporation _____ Partnership _____ Sole Proprietor _____ Other (please specify)

Fed- ID #: _____ If legally organized, specify state and date of incorporation/formation: _____

Parent Company: _____ Branches: _____

This Credit Information form also serves as your authorization to your bank to release your information to Exact Direct, and/or any of its subsidiaries or affiliates and Company's credit agent, Ansonia Credit Data. The information contained herein and provided by the bank is confidential and will not be shared by Company with any unaffiliated third party, except for Company's credit agent. This form also authorizes your bank to FAX back their reply to us. **The below authorized signor must be a signatory on the bank account.**

Bank Name: _____ Phone#: _____

Bank Contact: _____ Fax#: _____

Checking Acct#: _____ Line of Credit Acct#: _____

Credit References Please list at least 3.

1. Name _____ Address _____
City _____ State _____ Zip _____
Contact _____ Phone _____ Fax _____

2. Name _____ Address _____
City _____ State _____ Zip _____
Contact _____ Phone _____ Fax _____

3. Name _____ Address _____

City _____ State _____ Zip _____

Contact _____ Phone _____ Fax _____

PRIVACY ACT NOTICE

49 USC 114 authorizes the collection of this information. The information that you provide will be used to qualify you or verify your status as a possible "known shipper". Providing this information is voluntary, however, failure to provide the information will prevent you from qualifying as a "known shipper." This information will be disclosed to TSA personnel and contractors or other agents including IAC's in the maintenance and operation of the known shipper program. TSA may share this information with airport operators foreign air carriers, IACs, law enforcement agencies, and others in accordance with the Privacy Act, 5 USC Section 552a.. For additional details, see system of records notice for Transportation Security Threat Assessment System (DHSTA 002) published in the Federal register

TRANSPORTATION SERVICE AGREEMENT

EFSWW, LLC is/has been appointed as one of our approved transportation suppliers. Also, pursuant to DHSTA requirements, effective this date, we are consenting to 100% cargo screening for any and all shipments being transported by air that are tendered to EFSWW, LLC.

Authorized Signature _____

Title _____

Print Name _____

Date _____

**Return via Fax to: (972) 812-2286 or
Via Email to: Exactdirect@opssupport.com**