

Echo Global Logistics Application for Credit
Corporate Credit Department 600 West Chicago Avenue, Suite 725, Chicago, IL 60654

Email to: _____ or fax to: _____

The following information is required to obtain credit and will be held in the strictest confidence.

Account Name _____ Billing Address _____
Additional Trade Names _____
Amount of Credit Being Requested _____ City _____
Echo Sales Rep _____ State _____ Zip _____
Echo Account # _____ Phone _____ Fax _____
Physical Address (if different than billing)
Address _____ City _____
State _____ Zip _____ Phone _____ Fax _____

Type of Business Corporation Partnership Sole-Proprietors Limited Partnership Other

Accounts Payable Information

AP Contact Name _____ Phone _____ Fax _____
Title _____ Email _____
BOL Required? Yes No POD Required Yes No Reference Number Required

Principal Officer/Owners/Partners

Name _____ Name _____
Address _____ Address _____
Title _____ Title _____
Years in Business _____ Dun & Bradstreet # _____
Fed Tax ID # _____ Nature of Business _____

Bank References

Bank Name _____ Address _____
Phone _____ Fax _____ City _____
Contact Name _____ State, Zip _____
 Checking Account # _____ Line of Credit # _____

*** We authorize Echo Global Logistics to contact our bank to obtain information that will assist in establishing credit. Authorized Name: _____

Authorized signature: _____

Trade References

Firm Name _____ Firm Name _____
Phone _____ Fax _____ Phone _____ Fax _____
Address _____ Address _____
City _____ City _____
State _____ Zip _____ State _____
Zip _____
Contact _____ Contact _____

ECHO GLOBAL LOGISTICS CREDIT POLICY

Payment for all freight bills is to be received at Echo Global Logistics, Chicago, IL ("Echo") WITHIN 30 DAYS OF DELIVERY DATE. Accounts which are 31 days old will be considered delinquent and subject to review of credit privilege. A service charge of one and one-half percent monthly (1 ½ % monthly) may be assessed on all bills 31 days old or older. If collection is made by lawsuit or otherwise, I/We agree to pay all collection costs including reasonable attorney's fees and hereby waive all rights to claim exemption under state laws. If you require a special number to be listed on the invoice for your reference please refer to the above section titled accounts payable information. I/We will not deduct from any freight bill regardless of exempt status for claims issues. Claims will be treated separately and claims forms will be filed, with no right of deduction or offset on Echo invoices. I/We agree that all disputes with Echo will be subject to jurisdiction and resolution in Chicago, IL. The terms and claims sections of this agreement supersede any other contract and/or agreement referencing payment terms or claims with Echo, and I/we expressly agree that additional terms and conditions listed at www.echo.com/tc are incorporated into this agreement. I/We have read this credit policy and agree to abide by its terms.

Authorized Representative _____ Name _____
(Signature) (Print)

Business Name _____ Phone _____ Date _____