

**MATCHMAKER TRANSPORTATION SERVICES, INCORPORATED  
COMMERCIAL CREDIT APPLICATION**

**MATCHMAKER**



Applicant/Company Customer Name: \_\_\_\_\_

Legal Status:  Proprietorship  Partnership  Corporation  LLC  LLP

Mail Invoices and Statements to: \_\_\_\_\_

Address	City	State	Zip
Physical Address if different to above: _____			
Address	City	State	Zip

Federal Tax ID: \_\_\_\_\_ A/P Contact: \_\_\_\_\_ A/P Phone: \_\_\_\_\_

A/P Email Address: \_\_\_\_\_

Date business started: \_\_\_\_\_ Date business incorporated: \_\_\_\_\_

Do you require a signed POD or BOL?  Yes  No Do you prefer invoices via mail, fax or email? \_\_\_\_\_

**PRINCIPAL(S) INFORMATION:**

Office Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Owner/Officer Name: \_\_\_\_\_ Officer Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Title: \_\_\_\_\_

<b><u>Trade References</u></b>	<b><u>Address</u></b>	<b><u>Acct #</u></b>	<b><u>Phone</u></b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

<b><u>Bank References</u></b>	<b><u>Address</u></b>	<b><u>Acct #</u></b>	<b><u>Phone</u></b>
1.	_____	_____	_____

**TERMS AND CONDITIONS**

- A. The undersigned agrees to pay all bills within (30) days from the date of the invoice. There will be a 1-1/2 % interest charge for each month past due. Failure by Matchmaker to levy a finance or late charge shall not be construed as a waiver unless specifically agreed to in writing.
- B. In the event it becomes necessary to place an account with an outside collection agency or attorney for collection, suit or other legal action, the Applicant agrees to pay all costs of such proceedings, including reasonable attorneys' fees.
- A. Any dispute arising under this Agreement shall be governed by the laws of the State of North Carolina. Applicant and principal(s) agree(s) as evidenced by their signature(s) below that commencement of any action shall be brought in New Hanover County, North Carolina unless otherwise required by the laws of the State of North Carolina.
- B. The undersigned hereby authorizes the above listed bank reference to release relevant account information to Matchmaker Transportation Services Inc.

Principal(s) or Authorized Employee(s) Print and Sign Below:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

