

Dear Potential Customer,

Thank you for your interest in USA Management Systems, Inc.

Our eyes are wide open to the fact that when it comes to choosing a business partner for supply + demand chain transportation solutions you have many choices. As such, we understand it's our responsibility to show up with our 'A game' from day one of our business partnership. Our dedicated team will work hard to give you the best possible service with a fierce loyalty, transparent integrity and steady resolve. So give us a shot!

>>In order to get setup, please return the following documents:

1. Customer Credit Application faxed back to: 209-367-3254

For your convenience, we offer several options for sending documentation: email, fax or mail.

We look forward to working with you.

USA Management Systems Inc.

Phone: 800-937-5634  
Fax: 209-367-3254  
Email: [info@usamsi.net](mailto:info@usamsi.net)  
Address: PO Box 2772, Lodi, CA 95241

\*Please note that USAmsi will handle all information you submit with strict confidentiality.



**USA Management Systems, Inc. >New Customer Credit Application**

For the purpose of procuring and establishing credit with USAmSI, the undersigned applicant warrants the following information as true and accurate.

>Company Information:

Company Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_ Date: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Extension: \_\_\_\_\_ Fax #: \_\_\_\_\_ Accounts Payable Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Extension: \_\_\_\_\_ Email: \_\_\_\_\_

Years at present address: \_\_\_\_\_ Years in business: \_\_\_\_\_  
Please circle one: Sole Proprietorship Partnership Corporation

State of Incorporation: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_ Federal Tax ID#: \_\_\_\_\_ Dun & Bradstreet #: \_\_\_\_\_

Please list above what paperwork you require to process our freight invoices for payment? \_\_\_\_\_ Email Invoice? \_\_\_\_\_ If yes, please list email \_\_\_\_\_

>Owner Officers:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ SSN#: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ SSN#: \_\_\_\_\_

Bank References: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Extension: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_ Savings Account Number: \_\_\_\_\_

>Trade References:

(1) Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

(2) Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

(3) Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

(4) Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

General Provisions and Authorization:

In consideration of USA Management Systems (herein after "USA") extending credit to Applicant. Applicant agrees to pay for services rendered at the request of USA within 15 days from the date of invoice. All accounts are due and payable at the remittance address shown on the USA invoice. In the event that USA commences litigation or employs attorneys in order to secure payment of any sums due to it from Applicant, the Applicant agrees to pay reasonable attorney's fees in addition to all other sums due. Applicant agrees to abide by the Department of Transportation Rules and Regulations pertaining to the payment of transportation and other tariff charges. Applicant agrees and understands that the laws of the State of California will govern any or all aspects of this agreement and that the venue shall be in San Joaquin County, California. Applicant agrees and understands that USA is a Federally Licensed Transportation Broker and can review at [www.usamsi.net](http://www.usamsi.net) or request a copy of our terms and conditions in writing and these terms and conditions apply. Applicant understands that after 30 days from invoice date, such invoice becomes PAST DUE in which balances will be subject to a twenty-five percent (25%) discount. Delinquent invoices over 60 days will lose the twenty-five percent (25%) discount should invoice not paid net 60 days. Applicant will notify USA in writing if their business changes in status in any way, i.e. new owner, becomes incorporated, loses a partner, changes banks, moves, etc. Applicant hereby authorizes USA to contact credit reporting agencies as well as any or all banks, credit references and/or trade references listed herein and further allowances listed herein, and further authorizes banks, credit references and/or trade references to provide information requested by creditor in order to evaluate this application. The undersigned warrants that the above information has been carefully read and the Applicant understands same.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Officer/Owner