



EAGLE CARRIERS

We move the earth for what it's worth

8600 NW 36th Ave. Miami, Florida. 33147

• Tel #: (305) 640-1338 • Fax #: (305) 640-1328 • Email: info@eaglecarriers.net

In order to establish an open account with our **Company**, the following information must be obtained **IN FULL** before credit may be granted. We will rely upon the enclosed information in making determinations and if your credit is approved, we will sell you goods relying on this information.

APPLICANT NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WEBSITE ADDRESS: _____

PHONE NUMBER: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

APPLICANT IS: INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION: _____ YRS OF INCORPORATION _____

Complete the following for all principal officers or owners:

NAME: _____ S.S #: _____ D.L.# _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ OWN: _____ RENT: _____ ZIP: _____

EMAIL ADDRESS: _____

NAME: _____ S.S #: _____ D.L.# _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ OWN: _____ RENT: _____ ZIP: _____

EMAIL ADDRESS: _____

Terms and Conditions:

- Our Terms are Net, No Discount. All charges incurred during any month are due and payable by the 15th of the following month. A finance charge of 1.5% per month will be charged on all invoices that remain unpaid after the due date.**
- Any account that is not paid within the terms or that is over the credit limit shall be placed on C.O.D.
- Job site addresses must be given at the time your order is placed.
- A **Notice To Owner** may be placed on any transaction,
- A **LIEN** will be filed on any invoice that remains unpaid. The undersigned also agrees to pay all costs associated with the filing of Liens.
- In the event it becomes necessary to place the account with an attorney for collection, the undersigned, further agrees to pay all costs of Collection, Court Costs and reasonable attorney's fees.
- Any suit, which arises out of this agreement, shall be instituted and maintained in any court of competent jurisdiction.
- Eagle Carriers of South Florida, LLC**, and the undersigned hereby knowingly, voluntarily and intentionally waive any right to trial by jury in any suit, action, proceeding or counterclaim concerning any rights under this credit contract, any related document or under any other document or agreement delivered or which may in the future be delivered in connection herewith, or arising from any relationship existing in connection with this credit contract, and agree that any such suit, action, proceeding or counterclaim shall be tried before a court and not before a jury: this provision is a material inducement for **Eagle Carriers of South Florida, LLC**, entering into this credit contract.
- The individual(s) or business applying for credit and the principals of the business hereby authorize **Eagle Carriers of South Florida, LLC**, to verify reference and to obtain credit reports on each of the individual(s), business and principals in order to evaluate whether to extend credit to individual(s) or business.
- Payments are to be mailed to: **Eagle Carriers of South Florida, LLC, 8600 NW 36th Av, Miami, FL 33147.**

This shall be legally a binding contract when accepted by **Eagle Carriers of South Florida, LLC**. I understand the credit terms and agree to be bound thereby in the event credit is granted. Execution of this agreement authorizes **Eagle Carriers of South Florida, LLC**, to conduct an investigation for the basis of establishing credit.

_____ / ____ / ____
 Signature Title Date

GENERAL INFORMATION:

1. What is your principal type of business? _____
2. How long have you owned this business? _____
3. What will be your estimated monthly purchases? _____
4. Do you require a purchase order? _____

CREDIT INFORMATION:

BANK REFERENCE

Name of Bank: _____ Contact Person: _____
 Phone #: _____ Type of Account: _____ Account #: _____

COMMERCIAL TRADE REFERENCE

Name : _____ Phone #: _____ Fax #: _____
 Contact: _____ E-Mail Address: _____
 Name : _____ Phone #: _____ Fax #: _____
 Contact: _____ E-Mail Address: _____
 Name : _____ Phone #: _____ Fax #: _____
 Contact: _____ E-Mail Address: _____

PERSONAL GUARANTEE

THIS APPLICATION IS AUTOMATICALLY DECLINED IF PERSONAL GUARANTEE IS NOT SIGNED

We hereby agree to bind ourselves to pay **Eagle Carriers of South Florida, LLC.** on demand any sum which may become due to **Eagle Carriers of South Florida, LLC.** by the Company whenever the Company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnify for such indebtedness of the Company. We do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby Guaranteed.

If **Eagle Carriers of South Florida, LLC.** should find it necessary to bring suit against guarantor(s) on this agreement, guarantor(s) do hereby agree to pay all the costs and expenses of collection, including reasonable attorney's fees.

Any and all suits between **Eagle Carriers of South Florida, LLC.** and the undersigned arising from dealings between **Eagle Carriers of South Florida, LLC.** and the Company may be instituted and maintained in any court or competent jurisdiction in the State of Florida. **Eagle Carriers of South Florida, LLC.** and the undersigned hereby knowingly, voluntarily and intentionally other document or agreement delivered or which may in the future be delivered in connection herewith, or arising from any relationship existing in connection with this credit contract, and agree that any such suit, action, proceeding or counterclaim shall be tried before a court and not before a jury; this provision is a material inducement for **Eagle Carriers of South Florida, LLC.** entering into this credit contract.

Execution of the agreement authorizes **Eagle Carriers of South Florida, LLC.** to conduct a credit investigation for the basis of establishing credit.

Signature: _____
Print Name: _____
S.S #: _____

Witnessed by: _____

Signature: _____
Print Name: _____
S.S #: _____

Witnessed by: _____

STATE OF FLORIDA.
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of 20 _____
by: _____ He / She is personally known to me or has produced _____ as identification.

Signature of Notary