"EXHIBIT"TRANSPORT.NET

GLOBAL EXHIBIT AND SPECIAL EVENT TRANSPORTATION EXCELLENCE

AIR·OCEAN·LAND

Company Name: Parent Company: (if applicable)

Billing Address: (if different) City: State: Zip Code:

Physical Address: City: State: Zip Code:

Phone: Fax:

Contact: Email:

Accounts Payable Contact: AP Email:

Business Type: ☐ Corportation ☐ Partnership ☐ Proprietor ☐ Other: (please specifiy)

Federal/Tax ID: Date Established: State Established In:

EXHIBITION RELATED TRADE REFERNECES

Reference 1

Company Name: Contact Name:

Address: City: State: Zip Code:

Contact Name: Phone:

Fax: Email:

Reference 2

Company Name: Contact Name:

Address: City: State: Zip Code:

Contact Name: Phone:

Fax: Email:

BANK REFERENCES

Reference 1

Name:

Address: City: State: Zip Code:

Contact Name: Phone:

Fax: Email:

Reference 2

Name:

Address: City: State: Zip Code:

Contact Name: Phone:

Fax: Email:

TERMS & CONDITIONS:

1.) Client agrees to the payment terms of Net 30 days from the date of invoice. Exhibit Transport, LLC reserves the right to demand full payment of invoice before the freight is released at delivery destination. If the amount due is not paid within the Net 30 time frame, a late fee of 1.5% will be charged in addition to the invoice amount. Billing errors must be reported within 20 days of invoice date.

2.) If the Client's account is turned over for collection, the Client agrees to pay potential fees for collection, including court and attorney fees.

3.) Client agrees to notify Exhibit Transport, LLC of any changes in ownership in writing by USPS mail. Client agrees to pay any losses due to failure of notification in change of ownership.

4.) Client gives authorization to Exhibit Transport, LLC and/or its credit agency to investigate Client's credit history, bank references, trade references, and any other information necessary to approve this credit application.

Client agrees to provide Exhibit Transport, LLC with a credit card for guarantee of payment for all charges. If the invoice is not paid within 10 days after the due date, the credit card will be charged.

Credit Card Type: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Credit Card Number: Expiration Date:

Cardholder Name: Authorized Signature:

I hereby certify that the above information is true and correct and agree to the terms and conditions.

Date: _____ Applicant Signature: _____

Title: _____ Type/Print Name : _____