



CONFIDENTIAL CREDIT AGREEMENT

808 N. 161st E. Ave | Suite 100 | Tulsa, Oklahoma 74116 | Phone: (800) 545-6617

**Terms and Conditions:**

On behalf of the company, I hereby grant permission to the below referenced bank and credit references to release pertinent information regarding our accounts to Conexus, LLC. The company named below attests to the financial responsibility, ability, and willingness to pay all transportation and other tariff charges within **30 days** of invoice date.

**Business Information**

Estimated Credit Limit Needed? \_\_\_\_\_  
Legal Business Name: \_\_\_\_\_  
Subsidiary of/Division of: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Sole Proprietorship: \_\_\_\_\_ Partnership: \_\_\_\_\_  
Corporation: Private \_\_\_\_\_ Public \_\_\_\_\_ Other \_\_\_\_\_  
Annual Revenue: \_\_\_\_\_ No. of employees: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Date Established: \_\_\_\_\_

Billing Address (if different from above):  
\_\_\_\_\_  
\_\_\_\_\_  
Parent or Home Office Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Financial Officer/Controller: \_\_\_\_\_  
Accounts Payable Contact: \_\_\_\_\_  
Accounts Payable E-mail: \_\_\_\_\_  
Federal ID #: \_\_\_\_\_  
Preferred Method of Receiving Bills:  
Fax \_\_\_\_\_ Mail \_\_\_\_\_ Email \_\_\_\_\_

Current Financial Information: Financial Statements will be of great assistance to us in establishing a credit limit to you. Conexus request for a copy of your most recent financial statement is hereby: Complied with \_\_\_\_\_ Refused \_\_\_\_\_

**Service & Transportation Provider References:** *(Please include three service and transportation provider references.)*

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Address: \_\_\_\_\_

3. Name \_\_\_\_\_ Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Address: \_\_\_\_\_

**Transportation Organizations Only:**

Your company is a: Motor Carrier \_\_\_\_\_ Broker \_\_\_\_\_ Other \_\_\_\_\_  
MC # \_\_\_\_\_ Surety Bond Holder \_\_\_\_\_ Bond # \_\_\_\_\_

**Banking Information:**

Bank Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Bank Officer: \_\_\_\_\_ Account #: \_\_\_\_\_

By signing, I verify that I have read and agree to the above Terms & Conditions.

\_\_\_\_\_  
Print name Signature Title Date

\*\*\*Please send billing specifications to [accounting@meltonlogistics.com](mailto:accounting@meltonlogistics.com) in order for payments to be processed. \*\*\*