



Dear Valued Customer,

Thank you for your interest in establishing a credit account with Carlile Transportation Systems. In order to process your application in an efficient and timely manner we ask that you follow the requirements we have outlined below as you complete and submit your application.

- Terms and Conditions are to be signed and dated by a company officer or principal of applicant or you must provide a notarized affidavit stating that individual is authorized to sign on behalf of your company. *(note: The terms and conditions are not a personal guarantee)*
- The included Financial Institution Reference Authorization form is available if the signer of our Terms and Conditions is not an authorized signer on the company’s bank account that is being listed for reference as this is required by the bank to release your general account activity.
- One bank reference (including account number) along with their bank contact name, phone, and email address.
- Two trade references with valid email address.
- A completed W-9 form or W-8BEN-E for Canadian customers with a Federal TaxID.

Credit Application Contact Information

Contact Name: _____ Phone: _____
Title: _____ Email: _____

These guidelines will help us expedite your credit application as they are crucial to the review process as well as any credit references provided. All credit applications submitted are subject to return if any of the above criteria has not been met. Thank you for your time completing our application. We look forward to fulfilling all of your company’s shipping needs. If you have questions or concerns please contact us at credit@carlile.biz.

Credit Department
Carlile Transportation Systems



CUSTOMER PROFILE / CREDIT APPLICATION

2301 Taylor Way • Tacoma, WA 98421 • (253) 874-2633 or (800) 478-1853

This form must be filled out completely before it can be processed

Customer Information	Customer (Company) Name : _____ Ownership Type: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation or LLC <input type="checkbox"/> Subsidiary of: _____ Street Address: _____ Website: _____ Mailing Address: _____ City: _____ State: _____ Zip: _____ Phone #: _____ Email: _____ Federal TIN #: _____ Applicants must also complete the IRS W9 form available here: www.irs.gov/pub/irs-pdf/fw9.pdf D&B / DUNS#: _____ Years in Business: _____ Credit Line Requested: _____									
Ownership	Sole Proprietorship	Owner's Name: _____ Year of Birth: _____ SSN: _____ Home Address: _____ City: _____ State: _____ Zip: _____ Home Phone#: _____								
	Partnership	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Principal Partner 1: _____</td> <td style="width: 50%; border-bottom: 1px solid black;">Principal Partner 2: _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Address: _____</td> <td style="border-bottom: 1px solid black;">Address: _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">City: _____ State: _____</td> <td style="border-bottom: 1px solid black;">City: _____ State: _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Zip: _____ Phone #: _____</td> <td style="border-bottom: 1px solid black;">Zip: _____ Phone #: _____</td> </tr> </table>	Principal Partner 1: _____	Principal Partner 2: _____	Address: _____	Address: _____	City: _____ State: _____	City: _____ State: _____	Zip: _____ Phone #: _____	Zip: _____ Phone #: _____
	Principal Partner 1: _____	Principal Partner 2: _____								
Address: _____	Address: _____									
City: _____ State: _____	City: _____ State: _____									
Zip: _____ Phone #: _____	Zip: _____ Phone #: _____									
Corporation or LLC	Date of Incorporation: _____ State: _____ Name of Parent Corporation (if applicable): _____ Parent Corporation Location (City/State): _____									
How are freight bills paid/processed: <input type="checkbox"/> Internal / Accounts Payable <input type="checkbox"/> Traffic Service / Freight Payment Co.										
Billing Information	Contact Info	Accounts Payable Contact Name: _____ Phone #: _____ Email Address: _____ Traffic Svc/Freight Pmt Contact Name: _____ Phone #: _____ Email Address: _____								

Financial Reference (Required) – *In place of this information, you may instead submit a financial reference from your bank dated within 30 days of this application on bank letterhead with valid contact information.*

Name of Primary Bank: _____ Branch: _____

Contact Name: _____ Title: _____

Address: _____

Account# _____ Phone #: _____ Email: _____

Name of Secondary Bank: _____ Branch: _____

Contact Name: _____ Title: _____

Address: _____

Account# _____ Phone #: _____ Email: _____

Trade References

Reference #1

Creditor Reference Name: _____ Account #: _____

Contact Name: _____ Title: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone #: _____ Email: _____

Reference #2

Creditor Reference Name: _____ Account #: _____

Contact Name: _____ Title: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone #: _____ Email: _____

Reference #3

Creditor Reference Name: _____ Account #: _____

Contact Name: _____ Title: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone #: _____ Email: _____

Reference #4

Creditor Reference Name: _____ Account #: _____

Contact Name: _____ Title: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone #: _____ Email: _____

References

Carlile Transportation Systems, Inc.

In consideration of Carlile Transportation Systems extending credit to Applicant, the undersigned as agent for Applicant agrees to pay for all service(s) provided to or at the request of the Applicant within thirty (30) days from the date of the Carlile Transportation Systems invoice, or other terms as printed on the invoice. All invoices are due and payable in US Dollars at the Carlile Transportation Systems address listed on the invoice. Applicant agrees that each of the terms and conditions stated on any bill of lading or invoice represent an individual contract between Applicant and Carlile.

Applicant agrees that Carlile Transportation may revoke credit at any time, and for any reason, which may include late payments, returned payments or change in credit status of Applicant. When payment is made by credit card, Applicant agrees to pay Carlile a 1% surcharge. Carlile accepts Visa, Mastercard and American Express.

If Carlile commences litigation, assigns a debt to a collection agency, or employs attorney(s) in order to secure payment of any sums due from Applicant, Applicant agrees to pay all fees incurred to collect the sum due, not to exceed the legal maximums in the state in which the transaction is billed.

Applicant further authorizes Carlile to obtain any credit and financial information concerning the Applicant at any time and from any source to verify and maintain credit relations.

THE UNDERSIGNED WARRANTS THAT THE ABOVE AGREEMENT HAS BEEN CAREFULLY READ AND THAT APPLICANT UNDERSTANDS THE SAME.

Signature of Applicant or Agent: _____ Date: _____

Printed Name of Signer: _____ Title: _____

SIGNER MUST BE AN OFFICER OR PRINCIPAL OF APPLICANT OR YOU MUST PROVIDE A NOTARIZED AFFIDAVIT VERIFYING YOUR AUTHORITY TO SIGN ON BEHALF OF APPLICANT.

I, (We) _____ for and in consideration of credit with Carlile Transportation Systems, personally and individually guarantee payment to Carlile for the above listed Applicant. I, (We) hereby personally and individually agree to bind myself/ourselves to pay Carlile on demand any sum which may become due to Carlile for services provided to, or for benefit of, Applicant(s) listed above. It is understood that this guarantee shall be continuing and irrevocable. This obligation shall cover the renewal of any claims guaranteed by this instrument or extensions of time of payment thereof.

Signature of Guarantor: _____ Date: _____

Printed Name: _____ Title: _____

Signature of Guarantor: _____ Date: _____

Printed Name: _____ Title: _____

Terms and Conditions

Principal/Officer Guarantee



Financial Institution Credit Reference Request Authorization

Most banking institutions now require a client’s written consent before they will release any information about an account listed as a financial reference. In lieu of revising the signature on your application and to ensure timely processing of your credit application with Carlile Transportation Systems, please have an authorized signer on your bank account complete and return this form to:

Carlile Transportation Systems, Inc.
Attn: Credit Department
2301 Taylor Way | Tacoma, WA 98421
Phone: 253-874-2633 or 800-478-1853
Email: credit@carlile.biz

The applicant authorizes Carlile Transportation Systems to obtain any credit and financial information concerning the applicant from the below listed financial institution.

Please release the information requested concerning my bank account(s).

Company Name

Company Address

Authorized Signature	Date
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Printed Name	Title
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Bank Name	Bank Account #
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Street Address	City	State	Zip
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Bank Contact Name	Bank Phone Number	Bank Email Address
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Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶	(Applies to accounts maintained outside the U.S.)
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

or

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.