



Commercial Credit Application

Filing Your Credit Application:

1. Complete an online credit application at fedexfreight.fedex.com – **OR**–
2. Complete the attached credit application and submit it to the Credit department.

Please submit your credit application to:

FedEx Freight

Attn: Credit Department

PO Box 840

Harrison, AR 72602-0840

Phone: 1.800.874.4723

Fax: 1.870.365.4128

NOTE: By completing this credit application, if approved, you will be extended credit throughout FedEx Freight. FedEx Freight reserves the right in its sole and absolute discretion to revoke credit at any time.



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TERMS: NET 15 DAYS

COMPANY INFORMATION

Check one: Corporation Limited Partnership Partnership Proprietorship Dun & Bradstreet Number:

Exact Name of Business:

Street Address of Business Location:

City: State: Zip:

Billing Address:

City: State: Zip:

Person to Contact in Accounts Payable: Email:

Payable Phone Number: Fax Number:

Date Business Began: Line of Business:

Parent Company: (if applicable)

Street Address:

City: State: Zip:

Principal Owner or Authorized Officer of Business:

Number of Employees: Annual Purchases: Monthly Credit Required:

Please attach a list of all your business names and addresses that will be shipping and receiving.

TRADE REFERENCES (Must Relate to Credit Applicant)

BANK

Name: Account #: Phone:

Address: City: State: Zip:

TRANSPORTATION PROVIDER

Name: Account #: Phone:

Address: City: State: Zip:

CREDIT TERMS & CONDITIONS

THE ABOVE INFORMATION is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility. A copy of this document shall be as the original. Initials _____

On behalf of our company, I certify we are familiar with and agree to abide by the DOT/Surface Transportation Board rules and regulations pertaining to the payment of transportation and other tariff charges. If carrier is forced to utilize an outside collection source, all applicable discounts and allowances will be revoked resulting in collection of gross charges.

Company Name: Title:

Signature of Authorizing Officer: Date: