



Montgomery Air Freight, Inc.

MGM BHM HSV TYS PNS MOB CHA

Credit Application and Agreement

Please fill this form out completely and email to Kim Munce @ KMunce@mgmair.com or fax to Attn: Kim Munce @ 334-281-1987

FULL NAME OF COMPANY: _____

BILLING ADDRESS: _____

PHYSICAL ADDRESS: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS FOR INVOICING: _____

PRESIDENT: _____ OWNER(S): _____ ACCOUNTS

PAYABLE CONTACT: _____ EMAIL: _____

CONTROLLER: _____

TYPE OF BUSINESS: (Circle One)

CORPORATION

PARTNERSHIP

SOLEPROPRIETOR

PARENT COMPANY: _____

BRANCH LOCATIONS: _____

YEARS IN BUSINESS: _____

D & B ACCOUNT NUMBER: _____

INDUSTRY TYPE: (Circle One)

DOMESTIC FORWARDER

INTL FOWARDER

DOMESTIC AIRLINE

INTL AIRLINE

INTEGRATORS

OCEAN CARRIER

OTHER

BANK NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

CHECKING ACCOUNT NUMBER: _____ LOAN ACCOUNT NUMBER: _____

CONTACT PERSON: _____ PHONE NUMBER: _____

PLEASE LIST 4 REFERENCES, 2 OF WHICH MUST BE CARRIERS:

COMPANY: _____

ADDRESS: _____

CONTACT: _____

PHONE NUMBER: _____

COMPANY: _____

ADDRESS: _____

CONTACT: _____

PHONE NUMBER: _____

COMPANY: _____

ADDRESS: _____

CONTACT: _____

PHONE NUMBER: _____

COMPANY: _____

ADDRESS: _____

CONTACT: _____

PHONE NUMBER: _____

Terms and Conditions

THE APPLICANT(S) EXECUTING THIS APPLICATION AND AGREEMENT: ("CUSTOMER") HEREBY AGREES THAT PAYMENT FOR ALL SERVICES IS SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS:

CUSTOMER AGREES THAT ALL AMOUNTS DUE FOR SERVICES PROVIDED BY MONTGOMERY AIR FREIGHT, INC. AND /OR ANY OF ITS SUBSIDIARIES, INCLUDING BHM EXPRESS AND /OR HARBIN FREIGHT LINES (COLLECTIVELY THE "COMPANY") ARE PAYABLE AT 4820 WESTPORT BLVD, MONTGOMERY AL 36108.

CUSTOMER AGREES THAT ALL AMOUNTS DUE ARE NOT PAYABLE IN INSTALLMENTS, BUT ARE PAYABLE NET 30 DAYS OF DATE ON INVOICE. COMPANY RESERVES THE RIGHT TO DEMAND PAYMENT OF ALL OUTSTANDING AND PAST DUE FREIGHT CHARGES AS A PRE-CONDITION FOR RELEASING ANY SHIPMENTS AT DESTINATION. THIS RIGHT INCLUDES THE RIGHT TO DEMAND PAYMENT UPON DELIVERY OF ANY SHIPMENT (S) AT ANY TIME. IF ANY AMOUNT DUE IS NOT PAID WITHIN SAID PERIOD, A DELINQUENCY CHARGE OF 1.5% PER MONTH OF THE DELINQUENT BALANCE SHALL BE ADDED TO THE SUM DUE.

IN THE EVENT THE ACCOUNT BECOMES DELINQUENT AND IS TURNED OVER FOR COLLECTIONS, CUSTOMER AGREES THAT ALL MATTERS SHALL BE LITIGATED IN MONTGOMERY COUNTY, ALABAMA AND CUSTOMER FURTHER AGREES TO PAY ALL REASONABLE ATTORNEYS AND COLLECTORS FEES, PLUS ANY OTHER COLLECTION/COURT COSTS.

CUSTOMER AGREES TO NOTIFY THE COMPANY BY CERTIFIED MAIL OF ANY CHANGES IN OWNERSHIP OF CUSTOMER AND FURTHER AGREES TO BE LIABLE FOR ALL LOSSES INCURRED AS A RESULT OF FAILURE TO COMPLY WITH SAID NOTIFICATIONS.

CUSTOMER AUTHORIZES THE COMPANY AND /OR ITS CREDIT AGENCY TO INVESTIGATE ALL CREDIT HISTORY, BANK REFERENCES, AND ANY OTHER INFORMATION REQUIRED TO PROCESS THIS APPLICATION AND AS IT DEEMS NECESSARY IN THE FUTURE.

OFFICER, OWNER, OR PARTNER: _____

TITLE: _____

DATE: _____