

☐ MILLER DEDICATED SERVICES

| N/III | IED | DD(|)KER/ | CE | CED! | /ICE |
|-------|------|-----|-------|-----|------|------|
| IVIIL | .LEK | DKL | JNEK# | 4GE | SEK | いしにこ |

1824 Route 38 Lumberton, NJ 08048 • Phone: 609-265-2990

| BUSINESS CREDIT APPLICATION | | | | | | | | | | |
|--|---------------------|------------------|-------------------|------------------------------------|--|---------------------|--|--|--|--|
| Customer Nam | ne | | | Street Address | | | | | | |
| City State Zip | | | | Phone | ☐Individual ☐C - Corp. | | | | | |
| | | | | | ☐Partnership ☐S - Corp. | | | | | |
| Type of Business | | | | Name of Parent (Related Companies) | | | | | | |
| President | | | | Vice President | | | | | | |
| Accounts Payable Contact | | | | Controller/Accounting Manager | | | | | | |
| Contact | | | | Email | Referred by | | | | | |
| State of Inc. | # Years in Business | DOT# | | IFTA Base State | IFTA Account # | | | | | |
| | | I | | | | | | | | |
| Bank Name Street | | Street Address | | City State Zip | | Phone | | | | |
| Contact | | | | Checking Account Number | | Loan Account Number | | | | |
| | | | | 1 | | | | | | |
| Trade Reference | | Street Address | | City State Zip | | Phone | | | | |
| Contact | | Type of Business | | Account Number | | | | | | |
| | | | | | | | | | | |
| Trade Reference Stree | | Street Address | | City State Zip | | ne | | | | |
| Contact | | Type of Business | | Account Numb | | | | | | |
| | | | | | | | | | | |
| Trade Reference | | Street Address | | City State Zip | | Phone | | | | |
| Contact | | Type of Business | | Account No | | mber | | | | |
| | | | | | | | | | | |
| Federal ID Number | | | Insurance Company | | Insurance Policy #/Expiration Date | | | | | |
| Cargo | | Insurance Agent | | Insurance Ag | Insurance Agent (Contact Name/Phone #) | | | | | |
| | | | | | | | | | | |
| | | | GE | NERAL PROVISIONS | | | | | | |
| This application and the information contained herein is a request for the extension of credit. Payment terms are net 7 days. To induce Miller to extend credit, the signer of this application personally guarantees payment of all amounts due. The applicant authorizes Miller to obtain a written or oral credit report from any credit-reporting agency. The applicant further authorizes any person or business, with whom the applicant is doing or has done business, to give any and all necessary information to Miller which will assist Miller in this or future credit investigations. This applicant and the responses received shall become the property of Miller. The applicant warrants all information in this application to be true. | | | | | | | | | | |
| DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL | | | | | | | | | | |
| If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact our Credit Department at the number listed above, within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. Notice: The Federal Equal Credit Opportunity Act (ECOA) prohibits creditors from discriminating against credit applicants on the basis of race, color, religion national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this credit is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580. | | | | | | | | | | |
| Signature of applicant | | | | Title | | Date | | | | |
| | | | | | | | | | | |