

***REQUIRED FIELDS**

*Date: _____

Credit Department

Phone # 800-558-6767 x5924110

Fax # 920-403-9424

billingcreditgroup@schneider.com

APPLICATION FOR CREDIT

*Legal Company Name: _____

DBA: _____

*Phone No: _____

*Fax No: _____

*Physical Headquarter Address: _____

*Billing Address: _____

Company's Web Site: _____

DUNS No: _____

MC No: _____

Years in Business: _____

Federal ID No: _____

*Type of Business (circle one): Sole Owner Partnership Corporation Other: _____

State of: _____

Officers: _____

*Accounts Payable Contact: _____

*Phone No: _____

*Are you a division or a subsidiary of any other company? YES NO

If Yes, Please Provide Company Name: _____

Address (city and state): _____

TRADE REFERENCES (SNI only accepts trade references from USA, CANADA and MEXICO)

***BANK REFERENCE:**

*Bank Name: _____

Contact Name: _____

Email: _____

*Address (city and state): _____

*Account No: _____

*Phone No: _____

*Fax No: _____

*SUPPLIER REFERENCE:

*Company Name: _____

Contact Name: _____ Email : _____

Address (city and state): _____ Account No: _____

*Phone No: _____ *Fax No: _____

*SUPPLIER REFERENCE:

*Company Name: _____

Contact Name: _____ Email : _____

Address (city and state): _____ Account No: _____

*Phone No: _____ *Fax No: _____

*TRANSPORTATION SUPPLIER REFERENCE:

*Company Name: _____

Contact Name: _____ Email : _____

Address (city and state): _____ Account No: _____

*Phone No: _____ *Fax No: _____

*TRANSPORTATION SUPPLIER REFERENCE:

*Company Name: _____

Contact Name: _____ Email : _____

Address (city and state): _____ Account No: _____

*Phone No: _____ *Fax No: _____

TERMS OF AGREEMENT

This agreement shall apply to future credit and any existing debt owed by the undersigned, to Schneider National, Inc., or any of its wholly owned affiliates (collectively "SNI"). SNI is authorized to inquire of our bank and trade references to evaluate and update our credit worthiness and may contact these references for a period of three (3) years. I/We release and hold SNI harmless from any liability which may result from the disclosure of credit rating information. If this agreement is presented via facsimile, it will be considered the equivalent of an original document. If credit terms are extended in reliance on the information contained herein, I/we agree to the following: (1) To pay SNI for purchase of services according to SNI's standard terms of Net 15 days from invoice date unless otherwise agreed to, in advance, by SNI; (2) The customer hereby agrees to pay all invoiced charges as well as any cost of collection or legal fees should such action be necessary due to non-payment of account; and (3) If a lawsuit is commenced, I/we agree such lawsuit may be brought in a court of competent jurisdiction in Brown County, Wisconsin and waive the right to any other jurisdiction or venue.

*SIGNATURE: _____
(Authorized Representative)

Date: _____
