



SPI INTERNATIONAL TRANSPORTATION
DOT TRANSPORT BROKER MC 253915 • A DIVISION OF SILVER PACIFIC INVESTMENTS INC.

Rep: _____

CREDIT AGREEMENT

Applicant's Legal Company Name: _____

Trade Name: _____ Type of Business: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Toll Free: _____

Business started in: _____ Incorporated Partnership Proprietorship Other

SPI International Transportation keeps all Proof of Delivery (POD's) on file. Should you require a POD for any shipment please contact pod@spitrans.com or call 866-744-7774 ext. 118.

Special Billing Requirements:

Would you like to purchase specific insurance for each shipment through SPI? YES * NO

**an SPI agent will contact you with rates and terms.*

Are Purchase Orders or Reference numbers required? YES NO

Billing Address (if different from above):

City _____ State: _____ Zip Code: _____

Payables Contact: _____ Email _____ Phone: _____ Fax: _____

TERMS AND CONDITIONS

In consideration of the mutual covenants contained herein and other good and valuable consideration, the parties agree as follows:

1. Applicant shall make payment within 30 days from invoice date. Past due accounts will be assessed a finance charge of 1.5% per month compounded daily.
2. In the event that any account is not paid when due and legal action is commenced, SPI shall be entitled to its reasonable attorney fees and court costs, including any cost of appeal.
3. Unless the customer purchases specific insurance for each load, SPI's total aggregate liability as an arranger of freight services will in no event exceed the total service fee charged by SPI in respect of the shipment in dispute.
4. SPI reserves the right at any time to amend or revoke the line of credit and terms of payment.
5. Applicant authorizes SPI or its agents to conduct, or cause to be conducted, a credit investigation on a continuing basis to substantiate a line of credit.
6. This Agreement shall be governed by the laws of the State of California and the parties hereby attorn to the jurisdiction of the State of California in the event of any dispute.

APPLICANT SIGNATURE (Required):

Date _____ Authorized Signature: _____

Title: _____ Printed Name: _____

**MINIMUM OF 2 TRANSPORTATION & 3 TRADE REFERENCES REQUIRED
ON YOUR COMPANY LETTERHEAD, ALONG WITH BANK DETAILS.**

WHEN COMPLETED, FAX THE **SIGNED AGREEMENT** AND ATTACHMENTS TO _____ AT _____

Please Contact SPI Credit Department at 1-866-744-7774 ext.5 if you have any questions.