



P.O. Box 598
Itasca, IL 60143

Phone (847) 439-2580
Fax (847) 439-2571
www.sunrisetransfer.com

ACCOUNT GUARANTEE

Customer agrees that extension of credit of seller shall be subject to and in consideration of the following:

1. Terms are that which are stated on the invoices. All amounts are due in accordance with stated terms payable to Sunrise Transfer, Inc. at PO Box 598 Itasca, IL 60143.
2. Customer agrees that all amounts are due not in installments, but are payable Net 15 days. Sunrise Transfer, Inc. reserves the right to demand payment of all outstanding and past due freight charges as a pre-condition for releasing any shipment(s) at any time.
3. Should it be necessary to assign the account balance to a licensed collection agency or attorney for legal action, all the subsequent collection charges and legal fees shall be paid by the applicant.
4. Customer agrees to notify Sunrise Transfer, Inc. 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.
5. Customer authorizes Sunrise Transfer, Inc. and/or its Credit Agency(s) to investigate all credit history, bank references and any other information required to process this application and as it deems necessary in the future.

Company Name: _____

Date: _____ Officer, Owner or Partner: _____

Title: _____ Type or Print Name: _____

Email: _____ Phone Number: _____

Return via Fax to: 847/640-5851 Attn: Accounting Dept.

A Specialized Transportation Company

The Friendly, Professional Service You Deserve, with the Quality You ExpectSM



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Credit Application

Thank you for your interest in our company's services. We appreciate your business and look forward to a long and prosperous business relationship. Please complete the credit application and return to the above address, attention credit department. Please note our credit terms. You will be advised shortly of your credit status with our company.

Thank you.

All payments are due per our terms. Our terms are Net 15 days.

Your Company Name _____

Billing Address _____

Contact Name _____ Phone Number _____

Bank References:

Bank Name _____

Phone Number _____

Bank Address _____ Account# _____

Credit References:

Company Name _____

Credit Address _____

Phone _____

Company Name _____

Credit Address _____

Phone _____

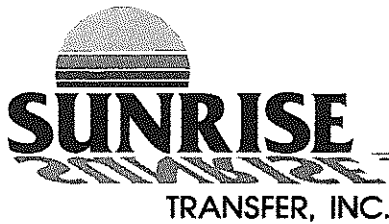
Company Name _____

Credit Address _____

Phone _____

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Attention: To all our Valued Customers

Sunrise Transfer Inc. chooses to go green. Invoices and all back up documents will be emailed rather than a hardcopy delivered by the postal service.

We would greatly appreciate if you would please fill out below and fax this back to us @ 847/640-5851, Accounting Department. Thank you.

Customer Name: _____

Accts. Payable Contact: _____

Email Address: _____

Phone Number: _____

If you have any questions or concerns regarding this change, please do not hesitate to contact me. I appreciate your assistance with this new procedure very much.

Best regards,

Marcia Farrell
Accounting Manager
Sunrise Transfer, Inc.

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Today's Date: _____

Credit Card Release Form

This form when signed by the authorized credit card holder, duly authorizes Sunrise Transfer, Inc. the charge of \$ _____ plus \$5.00 additional processing fee to the following credit card:

Card Type: _____ Card #: _____
(MasterCard, Visa, Amex, Discover)

Expires: _____

Name on Card: _____

Cardholder
Signature: _____

Company: _____
(If applicable)

Billing Address: _____

Incase of any problems processing -- Contact: _____

Phone: _____

Fax or Email a copy of the payment receipt? Attn: _____

Fax #: _____

Email: _____

Office Use Only

Invoice# SR- _____

Rep Initials: _____

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