



P.O. Box 498728
Cincinnati, OH 45246-0464
PHONE: 812-496-4345
FAX: 302-450-4181

CUSTOMER SET UP PACKET

Physical Address & Contact Info

QFS Transportation LLC
3815 River Crossing Pkwy
Indianapolis, IN 46240
Phone: (812) 496-4345
Fax: (302) 450-4181

EMAIL CUSTOMER PACKETS TO:
FSHELPDESK@FIRSTSTARLLC.COM

Federal ID #46-4753012
MC#683552
DOT#2244717
Hazmat Reg #061114553040WX

Insurance Carrier
Cottingham & Butler
800 Main St
Dubuque, IA 52001
888-785-4677



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CREDIT APPLICATION

DATE: _____ Agent you are working with: _____

COMPANY NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____ FAX: _____

AFFILIATES: _____
BRANCH OFFICES: _____ EX (MD,DC,PA,GA)
IN BUSINESS SINCE: _____

PRINCIPALS OR OFFICERS:

NAME: _____ TITLE: _____
NAME: _____ TITLE: _____
NAME: _____ TITLE: _____

FEDERAL ID NO: _____
STATE TAX NO: _____

TYPE OF BUSINESS: ___ CARRIER ___ BROKER ___ FORWARD ___ SHIPPER/CONSIGNEE
 ___ STEAMSHIP LINE
MOTOR CARRIER NO: _____

BOND: _____
POL NO: _____ EFF DATE: _____
P.O. BOX: _____ ADDRESS: _____
CITY/STATE/ZIP: _____
PERSON HANDLING PAYMENTS TO US: _____
PHONE AND EXTENSION # _____

WHAT DO YOU REQUIRE FROM US ON YOUR INVOICE TO MAKE PAYMENT?

ANY ATTACHMENTS REQUIRED? _____ WHAT? _____

DO YOU, OR WOULD YOU EVER REQUIRE ORIGINALS? _____
CAN WE SEND INVOICES VIA EMAIL? _____
EMAIL ADDRESS TO SEND INVOICES _____



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BANK REFERENCE

NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____

ACCOUNT NO: _____ OPENED: _____

FINANCIAL STATEMENT REQUESTED:

TRADE REFERENCES

NAME: _____
PHONE NO: _____
ACCOUNT OPENED: _____ HI CREDIT: _____ OWED: _____
COMMENTS: _____

PAY (DAYS): _____ TERMS: _____

NAME: _____
PHONE NO: _____
ACCOUNT OPENED: _____ HI CREDIT: _____ OWED: _____
COMMENTS: _____

PAY (DAYS): _____ TERMS: _____

NAME: _____
PHONE NO: _____
ACCOUNT OPENED: _____ HI CREDIT: _____ OWED: _____
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PAY (DAYS): _____ TERMS: _____



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CREDIT TERMS

THE COMPANY AGREES TO THE TERMS SET FORTH IN THE QFS TRANSPORTATION, LLC. RULES CIRCULAR, WHICH CAN BE FOUND AT WWW.FIRSTSTARLOGISTICS.COM. THE COMPANY AGREES TO CREDIT TERMS OF PAYMENT UPON RECEIPT OF INVOICE, BUT NO LONGER THAN 30 DAYS AFTER DELIVERY OF THE SHIPMENT. ANY OUTSTANDING BALANCES ARE SUBJECT TO A 1-1/2% PER MONTH INTEREST. THE COMPANY AGREES TO PAY ANY COLLECTION COSTS INCURRED TO COLLECT THE ACCOUNT BALANCE, INCLUDING COURT COSTS, COLLECTION FEES AND ATTORNEY'S FEES OF NOT LESS THAN 33% OF THE UNPAID PRINCIPAL AND INTEREST. CONTRACTOR, CARRIER AND OR CUSTOMER AGREE THAT QFS TRANSPORTATION, LLC HAS THE EXCLUSIVE RIGHT TO HANDLE ALL BILLING OF FREIGHT CHARGES TO THE CUSTOMER FOR THE TRANSPORTATION SERVICES PROVIDED HEREIN, AND, AS SUCH, CONTRACTOR, CARRIER AND OR CUSTOMER AGREES THAT IT WAIVES ANY AND ALL RIGHTS TO INSTITUTE ANY COLLECTION EFFORTS AGAINST THE SHIPPER, RECEIVOR, CONSIGNOR, CONSIGNEE OR THE CUSTOMER. AS AN INDUCEMENT TO GRANT CREDIT, THE UNDERSIGNED AGREES TO THE NEED FOR VERIFICATION OF ALL INFORMATION ON THIS APPLICATION AND AUTHORIZES, AND RELEASES THE BANKS, BUSINESSES, AND PERSON IDENTIFIED ON THIS APPLICATION TO FURNISH ANY AND ALL INFORMATION REQUESTED BY QFS TRANSPORTATION, LLC OR ITS REPRESENTATIVE, BY TELEPHONE OR WRITTEN CORRESPONDENCE, WHICHEVER QFS TRANSPORTATION LLC REQUESTS. THE UNDERSIGNED WARRANTS THAT THE INFORMATION IS TRUE AND CORRECT. AS AN INDUCEMENT TO GRANT CREDIT TO, THE UNDERSIGNED AGREES THAT QFS TRANSPORTATION, LLC. HAS THE RIGHT TO OBTAIN THE CREDIT HISTORY OF THE UNDERSIGNED AND AUTHORIZES THE RELEASE OF SUCH INFORMATION BY NATURE HERE. THE COMPANY AGREES THAT THIS CREDIT AGREEMENT AND THE SERVICES PERFORMED BY QFS TRANSPORTATION, LLC SHALL BE GOVERNED UNDER THE LAWS OF THE STATE OF INDIANA AND THAT ANY LAWSUIT SHALL BE BROUGHT IN A COURT OF COMPETENT JURISDICTION IN DEARBORN COUNTY, INDIANA.

DATE: _____

COMPANY: _____ SIGNED: _____

TITLE: _____ PRINTED: _____