

Wild Bohemian Carriers

CUSTOMER PROFILE & AGREEMENT

Amount of Credit Requested: \$ _____

Company Name: _____ Date: _____

Address: _____

Billing Address (if different): _____

Telephone No: _____ Fax No.: _____

Accounts Payable Contact: _____ Telephone No: _____

Any Special Billing Requirements: _____

PLEASE CHECK ONE:

Individual SS#: _____ Partnership LLC Financial Statement Attached _____

Other: _____ Corporation Type of business: _____

Do you operate under another name?: _____ If yes, please list: _____

Owners (if applicant is a sole proprietor or partnership, list social security numbers) or Officers (if a corporation):

Name	Title	Address
_____	_____	_____

SS#: _____

SS#: _____

Number of Years in Business: _____

Bank Name: _____ Telephone #: _____

Address: _____ Account #: _____

List Three Active Transportation Trade References:	City, State	Telephone No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

SIGNATURE on this Credit Agreement constitutes consent to the terms and conditions of this Agreement. Bohemian is hereby authorized to check credit references and history and to answer questions regarding your credit history with Bohemian.

CREDIT AGREEMENT: In consideration of Credit extended by Bohemian. I/we agree to Bohemian's terms and conditions of sale. Invoices issued will reflect terms of payment. Failure to pay within terms as stated on the invoice may result in the entire balance becoming due and payable. If any balance is referred to an attorney for any reason. I/we agree to pay reasonable attorney fees, court costs and late fees. I/we agree to pay late charges of 1 1/2% per month (18% annual percentage rate), or, if less the maximum allowable by law, computed thirty days from invoice date on any invoice or unpaid part thereof which falls past due. I/we agree to assume responsibility for any authorized accessorial charges.

I/we agree that this agreement has been negotiated in the State of Nevada and that minimum contacts with the jurisdiction of the State of Nevada have been established. Further, I/we agree to waive any claim of defense based on jurisdiction and/or venue and do voluntarily, submit to the jurisdiction and venue of the State of Nevada and County of Clark for all matters relating to the collection of our account.

Bohemian reserves the right to refuse or Withdraw credit privileges at any time, without prior notice, except as otherwise provided by law.

Owner/Officer's Signature: _____ Title: _____

You may fax a copy to Bohemian at 702 993-2442, but please mail original copy to: Bohemian. 4211 Production Ct
Las Vegas, NV. 89115