

Account Application

Company Information

Company Name: _____ ("Company")
Primary Contact: _____ Phone: _____ Email: _____
Address: _____ City: _____ State: _____ Zip: _____
 Check if Billing Address is Different
Accounts Payable Contact: _____ Phone: _____ Email: _____
Billing Address: _____ City: _____ State: _____ Zip: _____
EIN: _____ State of Registration: _____

Payment Information Credit Card or ACH

Name on Card _____ Billing Address _____
Credit Card # _____ Exp. Date _____ Security Code _____ Visa MC Am Exp
Bank Draft Information for ACH: Name on Account: _____
Bank Name: _____ Account Number: _____ Routing Number: _____

All invoices are automatically charged on the due date. Disputes and credits will be applied upon carrier receipt and do not extend payment terms. Please check payment method below.

Please check one of the following options as authorization for payment to SSS using the credit card or ACH information listed above

_____ If paying by company check, this is my authorization to use the credit card or ACH information listed as a guarantee of payment. All invoices that are 30 days past due will be charged to the credit card or bank account via ACH.

_____ Bill all charges to the credit card or ACH listed above ***automatically*** each billing cycle. Since the payment amount may vary, I will receive email notification of the invoice amount. I understand my card may be charged up to 3 business days before the invoice due date. This authorization is valid until I provide written cancellation.

Terms and Conditions

The Company authorizes the opening of an account with Southern Shipping Solutions, LLC and the investigation of references provided. The Company understands that it is ordering services from SSS as a third party bill to provider (and not direct delivery), that SSS is not a carrier nor represents any specific carrier and that the Company will receive discounted billing from SSS for shipping services provided from one or more carriers. The Company acknowledges that they will abide by, and be subject to, the Terms and Conditions of each carrier, which are available on their websites and/or air waybills or BOL.

The Company understands that a service failure, late freight or damage claim is handled directly by the carrier. Payment terms to InXpress will not be extended due to pending claim(s). SSS will not be responsible for goods or materials damaged by shipment.

The Company agrees to payment terms of Net 14-days FROM DATE OF INVOICE except invoices for Duties and Taxes which MUST be paid upon receipt. If the invoice isn't paid on time, discounts may be reduced, meaning INVOICE AMOUNTS MAY INCREASE ON ALL INVOICES UNPAID AFTER 30 DAYS. Also carrier services may be curtailed until the account is brought current and all costs of collection, including reasonable attorney fees if incurred, will also be the responsibility of the Company. Duties and Taxes may be invoiced up to 6 months after shipment. Carriers can bill up to 18 months from shipping date. Invoice delivery method is via e-mail. A returned check fee of \$50 is charged if a check is dishonored for any reason. The terms of this application and the Terms and Conditions referenced herein constitute the entire agreement between the Company and SSS. There are no representations, guaranties or warranties other than those expressly set forth or incorporated herein. The Company agrees to defend, indemnify and hold SSS harmless from and against any and all claims, actions or damages asserted by any third party arising out of or relating in any way to the services that SSS performs pursuant to the I agreement, except those claims arising solely from the grossly negligent or intentionally wrongful acts or omissions of SSS. This agreement shall be deemed to have been made in Valdosta, GA and shall be construed in accordance with the laws of the state of GA. The company and its representative consent to exclusive jurisdiction and venue in the state and/or federal courts in Lowndes County, GA for purposes of any actions arising out of or relating to the agreement between the parties.

- I certify that all of the above information furnished is correct, that I have proper authority to sign on behalf of the Company, that the Company is not insolvent and in good standing.***
- I have read and agree to all the Terms and Conditions in this Account Application.***

X _____
Signature of Authorized Company Representative Printed Name Date

Please fax this form to SSS 229-249-0998 or email to connie@sss4u.com