



Account Application

Company Information

Company Name: _____ (“Company”)
 Primary Contact: _____ Phone: _____ Email: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Check if Billing or Credit Card Address is Different; and if yes, please record on back of form or in an email
 Accounts Payable Contact: _____ Phone: _____ Email: _____
 Billing Address: _____ City: _____ State: _____ Zip: _____
 EIN: _____ State of Registration: _____ SIC Code: _____

First Shipments & Training

Once rates are granted and account numbers are established, your InXpress Account Manager will provide export shipment system training on our shipping portals and assist you with your first shipments.

Date: _____ Time: _____ Initial: _____ Proposed Rates Effective on First Shipment

Payment Information

Name on Card _____ Credit Card Number _____ Exp. Date _____ Security Code _____
 Using the above credit card as a guarantee, I agree to allow InXpress to charge for any outstanding amounts that have not been paid within 30 days of InXpress invoice due date (____ initial) Card Type _____
 I authorize processing of the \$25 account activation fee against this credit card (____ initial)
 It is understood that Duties and Taxes may be invoiced up to 6 months after shipment. If due to the Incoterms used on a shipment(s), the Company's invoice includes Duties & Taxes, it is understood that this is a payables liability of the company (____ initial)

Terms and Conditions

The Company authorizes the opening of an account with InXpress and the investigation of references provided. The Company understands that it is ordering services from InXpress as a third party bill to provider (and not direct delivery), that InXpress is not a carrier or represents any specific carrier and that the Company will receive discounted billing from InXpress for shipping services provided from one or more carriers. The Company acknowledges that they have read and will abide by, and be subject to, the Terms and Conditions of InXpress, which are available on our website at <http://inxpress.com/us/en/terms-and-conditions.htm> and of each carrier used, which are available on their websites and/or air waybills or bill of lading.

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). InXpress 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. Invoice delivery method is via e-mail.

- 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

For Internal Use Only

XMS Customer #: _____ Sales Rep: _____

ACCOUNT INFORMATION To be assigned by InXpress

| DHL www.dhl-usa.com | Webship http://ixpship.rocksolidinternet.com | Freight Rater www.inxpressrater.com |
|------------------------|---|--|
| Outbound Acct #: _____ | Username: _____ | Username: _____ |
| In-Bound Acct #: _____ | Password: _____ | Password: _____ |

InXpress _____
T: _____ F: _____
E: _____

Payment Authorization Form



Company Information

Company Name: _____ InXpress Account Number: _____
Payor Name: _____ Payor Phone Number: _____

Payment Type

Please check one of the following options as authorization for payment to InXpress, using the credit card or ACH information listed on this form:

- Bill all charges to the credit card or ACH listed below *automatically* each billing cycle.** Since the payment amount may vary, I will receive written notification of the amount and date of the next charge prior to each scheduled transaction date. I understand that my credit card may be charged up to three (3) business days before the invoice due date. This authorization is valid until I provide you with written cancellation.
- If paying by company check, this is my authorization to use the Credit Card or ACH information listed below as a Guarantee of payments. All invoices that are 30 days past the due date will be charged to the credit card or bank account via ACH as below:

X _____
Signature of Authorized Company Representative Printed Name Date

Credit Card Details

Credit Card Number: _____
Expiration Date: _____ Security Code: _____ Type of Card: _____
Name on Card: _____
Billing Address: _____
City: _____ State: _____ Zip: _____

ACH Details

Name on Account: _____ Bank Name: _____
Account Number: _____ Routing Number: _____
Bank Address: _____
City: _____ State: _____ Zip: _____