BRILLIANT SHIPPING

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Brilliant Shipping LLC

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www.shipbrilliant.com credit@shipbrilliant.com

Information Sheet

Company Name		Email address		
Street Address (or Billing Address if different)		Phone Nun	nber	
City, State, Zip Code		Fax Number		
Business Information				
Nature of Business:		In Business Since:		
Is Business Seasonal? If Yes, indicate peak seas	son:			
Business Organization (Please check one only): Sole Propriet	tor - Partnership - (Corporation - Limited	Liability Co -	
Payment Information				
Payment Contact:	Payment Email:			
Payment Phone (if different than above):		Fax:		
Is Bill of Lading/POD required for freight bill payment Special Billing Instructions:	t? Yes No_			
Banking Information				
Name of Bank:	Cor	utactName.		
Street Address:	Pho	one/Fax	/	
City, State, Zip:				
Transportation References (Attach additional pages if nec			1	
1Name of Company	Contact	Phone	_/	
2			/	
Name of Company	Contact	Phone	Fax	
ESTIMATED MONTHLY VOLUME: \$	ESTIMATEI	DDATEOF FIRST LC)AD [.]	

Applicant herein certifies that the information contained herein is true and correct and that he/she is authorized to execute this application on behalf of the entity named above ("Applicant"). Applicant hereby authorizes Brilliant Shipping LLC ("BS") or any of its agents to obtain credit information from the bank, trade, transportation and credit references listed above and credit reporting companies as BS deems necessary to determine applicants payment history and to report credit information to others. It is understood and agreed that all freight or other charges billed by BS are due within thirty (30) days from the date of an invoice. You agree to settle invoices within 30 days. Any such charges not paid to BS within thirty (30) days from the date of an invoice shall accrue interest at a rate of 1.0% per month. It is further agreed that the Applicant shall pay any collection expenses, including, but not limited to, attorney fees and court costs that may become necessary to effectively collect payment from Applicant, whether any such attorney fees or expenses are incurred with, without, before or after commencement of formal proceedings or any lawsuit incurred prior to or after entry of a judgment. All transactions and dealings between BS and Applicant shall be governed by the laws of the State of New Jersey, and where applicable, federal law. Applicant further waives and agrees not to assert any defense based upon jurisdiction, venue, inconvenience of forum, lack of personal jurisdiction, or similar doctrine for actions commenced by BS in such courts. Applicant further waives any right to a jury trial. Applicant further agrees not to back solicit or tender loads directly to the carriers that BS arranges to haul, nor allow such carriers to haul freight directly for the Applicant. Applicant agrees that any and all claims for loss or damage to cargo or theft of cargo and any claims for delay in delivery of freight, will be directed to and asserted directly to the Carrier arranged by BS. BS will facilitate all claims and actions on behalf of Applicant. BS contract Carriers will have a minimum of \$100,000 cargo insurance. BS, who is acting in all respects pertaining hereto as an interstate property broker, will offer additional cargo claim coverage up to ten thousand dollars, on top of the Carrier's \$100,000 cargo insurance. Carrier is fully liable for its actions while they have care, custody and control of the Applicant's freight. The Carrier's liability for cargo is \$100,000, or other pre-arranged amount specified in writing and accepted by both parties. BS liability is limited to fifty cents per pound up to a maximum liability limit of ten thousand dollars. Delay claims, in any event, shall be limited to a maximum of an amount equal to one hundred dollars per day by which delivery was late, or, in the event premium on-time service is required, Applicant will provide written notice of Foreseeable Expenses to both BS and the Carrier prior to dispatch of the load, that details the costs to the shipper of any late delivery in advance to the carrier.

Sign:	Title:	Date:	
Your Name:	A gent Name:		
What are your shipping hours?			