

FROZEN FOOD EXPRESS

Credit Application & Billing Account Set Up

Submit completed form to customerchanges@ffex.net



www.ffeinc.com

FFE Sales Representative _____ Credit Limit Request _____

Customer/Company Name: _____ Duns# _____

Address, City, State: _____

Corporate HQ Address: _____

List an officer or partner: _____ Position/Title: _____

Invoicing Requirements

Proof of Delivery is included with invoices.
Shipper#, PO#, BL#, & PU# are also printed on invoice.

AP/Invoice Contact: _____ Phone: _____

Invoicing Address, City, State: _____

Email for paperless invoicing: _____

Submit via Email Only

LTL Detention Contact Information

Detention Notifications Not Required

First and Last Name: _____

Phone: _____ Email: _____

Appointment Contact Information

Contact same as above

First and Last Name: _____

Phone: _____ Email: _____

OS&D (Over, Short, or Damage) Contact Information

Contact same as above

First and Last Name: _____

Phone: _____ Email: _____

Application Completed By

First and Last Name: _____ Position/Title: _____

Phone: _____ Email: _____ Date: _____

FFE's terms are Net 15. **Venue for any legal action is Dallas County, Texas** Unless otherwise expressly agreed to in writing, applicant acknowledges that shipment transactions will be subject to Frozen Food Express rules tariff, FRZF105 found at www.ffeinc.com - General Rules Tariff.