



## Business Application for contracted transportation

### Name/Address

|                   |        |                 |                 |
|-------------------|--------|-----------------|-----------------|
| Last:             | First: | Middle Initial: | Title           |
| Name of Business: |        |                 | Tax I.D. Number |
| Address:          |        |                 |                 |
| City:             | State: | ZIP:            | Phone:          |

### Company Information

|  |                                      |   |      |        |
|--|--------------------------------------|---|------|--------|
| Type of Business:  | In Business Since:                   |   |      |        |
| Legal Form Under Which Business Operates:                        |                                      |   |      |        |
| Corporation <input type="checkbox"/>                             | Partnership <input type="checkbox"/> | Proprietorship <input type="checkbox"/> |      |        |
| If Division/Subsidiary, Name of Parent Company:                  | In Business Since:                   |   |      |        |
| Name of Company Principal Responsible for Business Transactions: | Title:                               |   |      |        |
| Address:   | City:                                | State:                                  | ZIP: | Phone: |
| Name of Company Principal Responsible for Business Transactions: | Title:                               |   |      |        |
| Address:   | City:                                | State:                                  | ZIP: | Phone: |

### Billing

|                                |                                |                                |
|--------------------------------|--------------------------------|--------------------------------|
| Name:                          | Email Address                  | Fax:                           |
| Address:                       | Can we email your Invoice?     | Do you require a P.O.?         |
| Is this a net 90 account _____ | Is this a net 60 account _____ | Is this a net 30 Account _____ |

### Credit Card Payment

Only fill this out if you want your payment Charged to a credit card

( ) Visa            ( ) MasterCard  
 ( ) Amex            ( ) Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

CVV (3 digit number on back of card) \_\_\_\_\_

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date