



12918 Elrod Conroe, TX 77303

Complete This Form and Fax it to 936-264-3777

Shipper Credit Application & Profile form

Company Name: _____

Address: _____

City/State/Zip: _____

Billing Address (if different): _____

Phone: _____ Fax: _____

Email: _____ Federal_ID Number: _____

Shipping Contact: _____ Payables Contacts: _____

Special Billing Requirements: _____

Bank Information

Name of Bank: _____

Contact Person: _____

Account Number(s) : _____

DUNS #: _____

Three Carrier References

Contact _____ Phone: _____

Contact _____ Phone: _____

Contact: _____ Phone: _____

- 1 Notify RoadTran of any changes in ownership, name, address, phone numbers, etc.
- 2 If granted credit, our company agrees to pay our freight bills within 21 days of receipt
- 3 Our Company's financial condition is satisfactory and we will meet all financial obligations.
- 4 I authorize the release of credit information to RoadTran, which will be held to strict confidence by RoadTran.
- 5 It is agreed that our account will become C.O.D. if we fail to pay within terms.
- 6 We acknowledge that amounts past due will be charged interest at the maximum legal rate.
- 7 I understand the following and will abide By Road Tran's company policies:
- 8 I am an authorized representative of the company and have the authority to execute this document.

Signature: _____ Date: _____

Print Name: _____ Title: _____

RoadTran Internal Use Only: Agent _____ Credit Limit\$ _____