



## CREDIT APPLICATION

### 1. Company Information

Full Legal Name	Phone #	Fax #	
Doing Business as (DBA)			
Physical Address	City	State	Zip
Billing Address	City	State	Zip
Company Type: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Franchise <input type="checkbox"/> Corporation <input type="checkbox"/> Other:			
No. of Employees	Year Business Established	Type of Business	
Federal Tax ID		State of Incorporation	
<b>CONTACTS</b>		<b>Website:</b> _____	
Dispatch	Telephone	Fax	Email
Accts Payable	Telephone	Fax	Email
Other	Telephone	Fax	Email

### 2. Owner Information

Full Name	Title			
Address	City	State	Zip	Phone #

### 3. Bank References

Bank Name	Account Number	Contact		
Address	City	State	Zip	Phone #
Fax#	Number of years doing business with this Company			

### 4. Trade Credit References (Please provide at least three from Transportation Industry)

Company Name	Contact			
Address	City	State	Zip	Phone #
Fax#	Number of years doing business with this Company			

Company Name	Contact			
Address	City	State	Zip	Phone #
Fax#	Number of years doing business with this Company			

Company Name	Contact			
Address	City	State	Zip	Phone #
Fax#	Number of years doing business with this Company			



Company Name \_\_\_\_\_

Date \_\_\_\_\_

5. Invoice Back-Up Requirements:

- \_\_\_\_ Delivery Order
- \_\_\_\_ POD (Proof of Delivery)
- \_\_\_\_ Bill of Lading
- \_\_\_\_ TIR's
- \_\_\_\_ Other (List) \_\_\_\_\_

I/We hereby apply for credit and affirm financial responsibility, ability and willingness to pay invoices in accordance with published terms. The above information is warranted to be true and complete. **We hereby authorize you to verify and collect information on us, including but not limited to bank references, trade credit references, consumer and/or commercial credit reports.** We agree to pay all costs of collection and litigation on this account in accordance with the laws of the Creditor's State of Incorporation. We agree that all decisions with respect to the extension or continuation of credit shall be in the sole discretion of the Creditor.

**ALL INVOICES INCLUDING BACKUP DOCUMENTATION WILL BE SENT VIA EMAIL. PLEASE ENSURE A BILLING CONTACT/EMAIL ADDRESS IS INCLUDED ABOVE.**

I have read the terms and conditions stated below and agree to all of these terms and conditions.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name \_\_\_\_\_ Title: \_\_\_\_\_

**GENERAL TERMS AND CONDITIONS**

1. *Net 15 days.*
2. *No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit dept.*

Please fax or email to:

**Rail Direct Transportation  
801 Broad Street  
Suite 201  
Portsmouth VA 23707  
(757) 398-8700 fax  
safety@raildirect.net**