



Credit Application

**Contact Information**

\*Legal Name of Business:   
 DBA Name:   
 \*Address:   
 \*Country:   
 \*Zip, City, State:     
 \*Email:

Date of Incorporation:   
 State of Incorporation:   
 Officer Name & Title:   
 A/P Contact:   
 Phone:  Ext:   
 Fax:

**Freight Billing Address**  Same as above

\*Company:   
 \*Address:   
 \*Country:   
 \*Zip, City, State:

Contact:   
 Phone:  Ext:   
 Fax:

**Other Information**

Type of Business:  Corporation  Partnership  LLC  
 Years in Business:   
 No. of Employees:   
 Annual Revenue:

Expected Monthly Dollar Amount:   
 Federal ID #:   
 D & B #:   
 Bank Institution:

Have you Previously established Credit with RE Logistics Corp.?  Yes  No  
 Month/Year:  Location:

\*Application for following RE Logistics Corp. Service(s):  
 LTL  Truckload Logistics

**Invoicing Method**

\*Invoicing Options (please mark one):  
 Email invoicing  Credit Card Payment  
 \*Invoicing Frequency:  
 Daily Email

\*Email Address(es) for Invoice Delivery: (separated by semicolon)

**Credit References**

List three companies, other than credit card companies and financial institutions, with whom you have established credit

*Company Name	*Zip	*City	*State	*Account #	*Phone #	*Fax #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

We understand and will comply with regulations requiring payment of all Freight Charges within fifteen (15) days of receipt of statement.