NEW CUSTOMER APPLICATION

Primary Company Information:

Name: _____

Address: _____

Phone Number: _____ Fax : _____

Type of Haul Requested: _____

Years in Business: _____ Is PO # required? _____

Type of Company:

Corporation _____ LLC _____ Partnership _____ Other _____

Tax Identification Number: _____

Billing Address - Contact Information

Name: _____ Address: _____

City _____ State: _____ Zip: _____

Phone Number: _____ Fax: _____

Accounts Payable Contact: _____ Phone No: _____

Email Address for electronic submission of all invoicing: _____

Principals:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

TRADE REFERENCES:

Company Name	*Address*	*Phone Number*
1		
2		
3		
4		
5		

ACKNOWLEDGEMENT

Please be advised that Randolph Trucking, LLC's payment terms are Net 30 unless otherwise negotiated in writing. Full authorization to collect or verify any information is hereby granted to Randolph Trucking, LLC, it's representatives and employees for the purpose of establishing a customer account. The application, when submitted, releases creditors, banks, other parties, their agents and employees from any and all liability resulting in providing, verifying or using said information.

A signed copy of this new customer application must be received in order to be assigned a customer number with Randolph Trucking, LLC. and confirm agreement with Randolph Trucking, LLC's payment terms.

_____ _____ _____

Authorized Signature | Print Name and Title | Date