



PLEASE FILL OUT & FAX BACK TO (541) 494-0316

Company Name: _____ Phone: _____ Fax: _____
Physical Address: _____
Mailing/Billing Address: (if different than above) _____

Accounts Payable Contact (Name/Email & phone): _____

- CORPORATION (If you are using a DBA business name, please include all names)
- LIMITED LIABILITY COMPANY RESALE # _____
- LIMITED PARTNERSHIP FEDERAL TAX I.D. # _____
- PARTNERSHIP Dunn&Bradstreet # _____
- SOLE PROPRIETORSHIP BUSINESS START DATE: _____

Please list the following for all Owners, Principles, Officers or Responsible Parties; name, address, phone number, Social-Security number: (Please attach extra paper as necessary)

BANK REFERENCE:

BANK: _____
ADDRESS: _____
OFFICER/CONTACT: _____ PHONE: _____ FAX: _____
ACCT#: _____

TRADE REFERENCES:

- 1. _____ CITY/ST _____ PH _____ FAX: _____
- 2. _____ CITY/ST _____ PH _____ FAX: _____
- 3. _____ CITY/ST _____ PH _____ FAX: _____

The person signing this document declares that he/she is authorized to sign this document on behalf of client, and authorizes Action Transportation, Inc., or its agents, to obtain credit reports for the purpose of establishing, maintaining or enforcing a credit relationship. Upon arrival of credit, I/We agree that payment of all freight invoices/charges are due within (15) days of the date of the invoice; and agrees to a timely payment in consideration of extended credit. If the buyer is a corporation or limited liability company the undersigned hereby agrees that they will be personally and individually liable for any indebtedness owed by the corporation or limited-liability company to Action Transportation, Inc. In the event that an account must be turned over to an attorney or collection agency, the customer will be obligated to pay all fees and court costs. The customer agrees that should litigation become necessary, lawsuit jurisdiction will be in Jackson County, Oregon.

Please print full name, sign & date.

Name: _____ Date: _____

Signature: _____