



# New Account Set-up Form

1

Customer # \_\_\_\_\_

Date: \_\_\_\_\_

Salesperson: \_\_\_\_\_

**When complete please fax to (800) 310-4893 or e-mail to tmckee@cortrans.com.**

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

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City/State/ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Web page: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

### Mode(s) of Transportation (check all that apply)

Air \_\_\_\_\_ Truckload \_\_\_\_\_ International Air \_\_\_\_\_

Ocean \_\_\_\_\_ Specialized \_\_\_\_\_ Intermodal \_\_\_\_\_

High Value TL \_\_\_\_\_

### Tax Information

Federal Tax I.D. \_\_\_\_\_ Tax Exemption # \_\_\_\_\_  
Attach Certificate

D&B Number: \_\_\_\_\_ President/ CEO \_\_\_\_\_

### Credit Information

Trade Reference: _____	Trade Phone Number: _____
Trade Contact: _____	Trade Account Number: _____
Trade Reference: _____	Trade Phone Number: _____
Trade Contact: _____	Trade Account Number: _____
Trade Reference: _____	Trade Phone Number: _____
Trade Contact: _____	Trade Account Number: _____

### Billing Information

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

A/P Contact \_\_\_\_\_

### Terms and Acceptance

I agree the above information is complete and correct. I further acknowledge that I have received a copy of and agree to be bound by CorTrans Logistics, LLC's Terms and Conditions.

Authorized signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_



# CREDIT APPLICATION

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

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Billing Address: (if different) \_\_\_\_\_

Billing Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

- Corporation                       Partnership                       Sole Proprietorship
- Limited Liability Company                       Other \_\_\_\_\_

Federal Tax I.D.: \_\_\_\_\_ Tax Exemption Number: (if applicable) \_\_\_\_\_

How long in business: \_\_\_\_\_

Name of Principals, Officers, Partners, etc.: \_\_\_\_\_

\_\_\_\_\_

Amount of anticipated business: \_\_\_\_\_

Line of Credit Requested: \_\_\_\_\_

Name, address, and social security number of guarantors: \_\_\_\_\_

\_\_\_\_\_

Banking Information: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contact: \_\_\_\_\_

Account Number: \_\_\_\_\_

Trade Reference: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contact: \_\_\_\_\_

Account Number: \_\_\_\_\_

Trade Reference: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contact: \_\_\_\_\_

Account Number: \_\_\_\_\_

\_\_\_\_\_ Authorized Signature

\_\_\_\_\_ Date