



Credit Application

 LTL Truckload

Send completed form to Accounts Receivables, fax (315)789-8879, or email ristLTL.AR@wadhams.com

Company Information:

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Contact Person: _____

Type of Business: Corporation Partnership Individual

Years in Business: _____ MC # _____ D-U-N-S # _____

Invoicing/Billing Information: Check here if you cannot accept invoices via email

Email address for invoicing (preferred method):

Address (if different from above): _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____ Ext: _____

Invoicing Requirements (i.e. BOL, POD, PO#, REF#, etc):

Reference Information:

Bank Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Account # _____

Vendor Business Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Vendor Business Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

I certify that the information provided is accurate. I understand that credit privileges may be revoked if the terms agreed upon in the pricing agreement are disregarded.

Signature of Applicant: _____ Title: _____

Email Address: _____ Phone: _____

Date: _____