RIST Transport ltd.
Credit Application/Customer Set Up

RIST Account Executive:

RIST Transport LTL   RIST Transport Truckload

Company Information:

Company Name:

Billing Address:

PO Box:

City: State: Zip Code:

Contact Name: Title:

Email: Phone:

Type of Business: Corporation   Partnership   Individual

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

Invoice/Billing Information:

Preferred Method to Receive Invoices:

    Email, Address: API, Vendor:

    EDI 210 Set up contact info: USPS Mailing to address above

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

Accounts Payable:

Contact Name: Title:

Email: Phone:

Preferred Method of Payment: **ACH**   **Check**   **Credit Card**

Vendor Credit Reference Information: (please provide at least two credit references)

Bank Name:

Street Address:

City: State: Zip Code:

Phone: Fax: Account #:

Vendor Business Name:

Street Address:

City: State: Zip Code:

Phone: Fax: Email:

RIST Transport ltd.
Credit Application/Customer Set Up

RIST Account Executive:

Vendor Business Name:

Street Address:

City: State: Zip Code:

Phone: Fax: Email:

- -

Shipping/Consignee Information (if different from Billing Address):

Shipping/Receiving Hours:

Physical Address:

City: State: Zip Code:

Contact Name: Title:

Email: Phone:

** Please provide a list of additional shipping/receiving locations on a separate page **

CONTACTS for RIST:

Pricing/Rating Coordinator for your Company:

Name: Title:

Email: Phone:

Customer Service contact for your Company:

Name: Title:

Email: Phone:

Additional Contacts:

Name: Title:

Email: Phone:

Additional Contacts:

Name: Title:

Email: Phone:

RIST Transport ltd.
Credit Application/Customer Set Up

RIST Account Executive:

Connection/Integration Options:

Web Access – On our website you can schedule a pick up, track shipments, obtain quotes and retrieve paperwork such as BOL's, invoices, and POD's.

Contact: Title:

Email: Phone:

EDI – Is this an option for your company? Set up would be per RIST guidelines.

Contact: Title:

Email: Phone:

API – Is this an option for your company? Set up would be per RIST guidelines.

API Vendor you use:

Contact: Title:

Email: Phone:

Please click on Submit once this form is completed. An email will be sent to our Accounts Receivable Department, ristLTL.AR@wadhams.com with your completed application. Please attach a copy of your Bill of lading to the email or you can fax to (315) 789-8879.