



ROSS EXPRESS, INC. CREDIT APPLICATION

BUSINESS NAME: _____

SHIPPING ADDRESS: _____

TRAFFIC MANAGER: _____ TRAFFIC PHONE #: _____

TRAFFIC FAX #: _____ TRAFFIC EMAIL: _____

BILLING ADDRESS: _____

AP MANAGER: _____ AP PHONE #: _____

AP FAX #: _____ AP EMAIL: _____

WOULD YOU LIKE TO RECEIVE INVOICES VIA EMAIL? _____ Y/N

EMAIL: _____

EMAIL: _____

EMAIL: _____

WOULD YOU LIKE TO USE OUR CUSTOMER PORTAL TO TRACK SHIPMENTS, VIEW INVOICES AND SUBMIT ONLINE PICK UP REQUESTS? _____ Y/N

BUSINESS TYPE:

CORP _____ SOLE PROP _____ PARTNERSHIP _____ STATE OF _____

BANK REFERENCE: _____ BANK PHONE: _____

CHECKING ACCT#: _____

SAVINGS ACCT#: _____

FEDERAL ID# _____ OR SS# _____

TRADE REFERENCES:

NAME	ADDRESS	PHONE	FAX

SIGNED: _____ TITLE: _____ DATE: _____