



**ROSS EXPRESS LLC
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** **EMAIL**

SIGNED: _____ **TITLE:** _____ **DATE:** _____