



Route Transportation & Logistics, Inc.

Credit Application

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Fed ID: _____ DUNS: _____

Business Structure: _____

Accounts Payable Contact: _____

Phone: _____ Fax: _____ Email: _____

Are POD's required for payment? _____ Can you accept a copy? _____

Bank Name: _____ Acct#: _____

Bank Address: _____ City: _____ Zip: _____

Bank Contact: _____ Ph: _____ Email: _____

Carrier Credit References

Name: _____ Contact: _____ Ph: _____

Name: _____ Contact: _____ Ph: _____

Name: _____ Contact: _____ Ph: _____

Your name: _____ Title: _____

Signature: _____ Date: _____

PLEASE FAX BACK TO 941-782-0708

Terms: Net 20 Days