

Woodridge, IL 60517 (630) 739-0700

9014 Heritage Parkway, Suite 300 Fax completed application to: Radiant Road & Rail Services Credit 630-427-3108 Salesperson:

NEW ACCOUNT INFORMATION/CREDIT APPLICATION

SECTION 1 – ORGANIZATIONAL INFORMATION LEGAL NAME:					E-MAIL ADDRESS FOR INVOICE DELIVERY:				
D/B/A OR TRADE NAME:					BILLING ADDRESS (IF DIFFERENT):				
STREET ADDRESS:					ADDRESS:				
CITY: S		STATE:	ZIP:		CITY:		STATE:	ZIP:	
PHONE:		FAX:			PHONE:		FAX:		
FED TAX ID:		OWNERSHIP PUBLIC D			INVOICE CURRENCY: USD CAD				
BUSINESS DESCRIPTION:									
HOW MANY YEARS IN BUSINESS?						LY TRANSPORTATION LOADS:			
PRESIDENT, OWNER OR PA		PHONE			FAX	E-MAIL	MAIL		
CFO OR CONTROLLER	PHONE			FAX	E-MAIL	-MAIL			
ACCOUNTS PAYABLE CONT	PHONE			FAX	E-MAIL	-MAIL			
CONTACT FOR ACCESSORI	PHONE			FAX	E-MAIL	E-MAIL			
SECTION 3 – TRADE REFERENCES FIRM NAME			CONTACT NAME		TELEBRIONE/FAVAILINDED FAMIL ADDRESS			All ADDDECC	
FIRM NAME		CONTACT NAME			TELEPHONE/FAX NUMBER		EMAIL ADDRESS		
SECTION 4 – BANKING INFO	RMATION	BANK OFFICER NAME				ACCOUNT I	NO.		
					TATE ZIP			PHONE/FAX/EMAIL	
ADDRESS SECTION 5 – BILLING INSTE	DUCTIONS DOCUMENT				E	ZIP	PHONE/F	·AX/EMAIL	
NONE REQUIRED		TS REQUIRED WITH			☐ ALL CHA	RGES ON SINGLE	INVOICE		
OTHER (PLEASE BE SPECIFIC):									
OTICE: The US Federal Eq	ual Credit Opportuni	ty Act (ECOA) pro	hibits creditors froi	n discrimina	iting against cre	dit applicants on	the basis of ra	ice, color, religion,	
tional origin, sex, marital sta rives from any public assistar									
at administers compliance with SECTION 6 – AU			ssion, Division of Ci	redit Practice	es, Sixth and Per	ınsylvania Avenue	es, NW, Washin	gton, DC 20580.	
On behalf of the applican	t: I hereby give writt	en consent to Rad							
above. I certify that the in made per invoice terms.	In the event of nonc	ompliance with yo	ur terms, I agree t	the applican	nt will pay all at	torney/collection	fees as asse	ssed with legal	
venue under Illinois laws of this application. I unde									
understand that all service									
						D	PATE /	/	
AUTHORIZED SIGNATU	PRINTED NAME								