



9014 Heritage Parkway, Suite 300
 Woodridge, IL 60517
 (630) 739-0700

Fax completed application to:
 Radiant Clipper 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: | STATE: | ZIP: | CITY: | STATE: | ZIP: |
| PHONE: | FAX: | | PHONE: | FAX: | |
| FED TAX ID: | OWNERSHIP PRIVATE <input type="checkbox"/> PUBLIC <input type="checkbox"/> | | INVOICE CURRENCY: USD <input type="checkbox"/> CAD <input type="checkbox"/> | | |
| BUSINESS DESCRIPTION: | | | | | |
| HOW MANY YEARS IN BUSINESS? | NO. EMPLOYEES | ANNUAL SALES \$ | ESTIMATED LIMIT REQUESTED OR MONTHLY TRANSPORTATION LOADS: | | |
| SECTION 2 – CONTACT INFORMATION | | | | | |
| PRESIDENT, OWNER OR PARTNERS | | PHONE | FAX | E-MAIL | |
| CFO OR CONTROLLER | | PHONE | FAX | E-MAIL | |
| ACCOUNTS PAYABLE CONTACT | | PHONE | FAX | E-MAIL | |
| CONTACT FOR ACCESSORIAL RESOLUTION | | PHONE | FAX | E-MAIL | |
| SECTION 3 – TRADE REFERENCES | | | | | |
| FIRM NAME | CONTACT NAME | TELEPHONE/FAX NUMBER | EMAIL ADDRESS | | |
| | | | | | |
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| | | | | | |
| SECTION 4 – BANKING INFORMATION | | | | | |
| BANK NAME | | BANK OFFICER NAME | | ACCOUNT NO. | |
| ADDRESS | | CITY | STATE | ZIP | PHONE/FAX/EMAIL |
| SECTION 5 – BILLING INSTRUCTIONS -DOCUMENTS REQUIRED WITH CUSTOMER INVOICE | | | | | |
| <input type="checkbox"/> NONE REQUIRED <input type="checkbox"/> B/L <input type="checkbox"/> POD <input type="checkbox"/> PO NUMBER <input type="checkbox"/> ALL CHARGES ON SINGLE INVOICE <input type="checkbox"/> OTHER (PLEASE BE SPECIFIC): _____ _____ | | | | | |

NOTICE: The US Federal Equal Credit Opportunity Act (ECOA) prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the legal capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with the ECOA is the Federal Trade Commission, Division of Credit Practices, Sixth and Pennsylvania Avenues, NW, Washington, DC 20580.

| SECTION 6 – AUTHORIZED SIGNATURE | | |
|---|--------------|----------|
| On behalf of the applicant: I hereby give written consent to Radiant Clipper to obtain credit information from any of the references listed above. I certify that the information on this form is correct and that I agree with the payment terms in consideration of extended credit. Payment will be made per invoice terms. In the event of noncompliance with your terms, I agree the applicant will pay all attorney/collection fees as assessed with legal venue under Illinois laws. Applicant agrees that a faxed signature(s) shall serve as the original, and similarly binds the applicant to the terms and conditions of this application. I understand that Radiant Clipper may also utilize other sources of seeking credit information that it deems necessary. I understand that all services arranged are subject to the standard terms and conditions of service which can be found at www.radiantdelivers.com/terms . | | |
| AUTHORIZED SIGNATURE | PRINTED NAME | DATE / / |

Radiant Clipper Payment Terms are Net 15 Days from receipt of invoice.