



## New Account/Credit Application

P.O. Box 25612  
Richmond, VA 23260

E-mail: [credit@estes-express.com](mailto:credit@estes-express.com) • Phone: (804) 353-1900, Ext. 2221

Please print and forward to the mailing or e-mail address above, or fax to (804) 359-9102 Attn: Credit Dept.

### Company Information:

Name: \_\_\_\_\_ Federal Tax ID/SSN: \_\_\_\_\_

Address: \_\_\_\_\_ D&B Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_ (i.e. 999-999-9999)

If Branch, Home Office Name and Address:

If Subsidiary, Parent Name and Address:

\_\_\_\_\_  
\_\_\_\_\_

Type of Business (Please select one)  Corporation  Proprietorship  Partnership  LLC,LLP

Nature of Business: \_\_\_\_\_ State/Province: (If corporation, state of Incorporation) \_\_\_\_\_

Estimated Monthly Credit Requirements: \$ \_\_\_\_\_

### Invoicing Information:

**Mailing Name and Address** (If different than above):

Name: \_\_\_\_\_ Accounts Payable Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ (i.e. 999-999-9999)

City: \_\_\_\_\_ State: \_\_\_\_\_ Fax #: \_\_\_\_\_ (i.e. 999-999-9999)

Zip: \_\_\_\_\_

Billing Requirements: \_\_\_\_\_

Billing Agent (If different than above): \_\_\_\_\_

EDI Capable:  Yes  No

EDI Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Transaction Sets (Check All That Apply):  210 (Invoicing)  820 (Remittance Advice)

**Principal Owners - Stockholders - Partners - Officers of Company:**

Name	Mailing Address	City	State	Title
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Bank Reference:**

Bank Name: _____	Banking Official: _____
Address: _____	Type of Account: _____
City: _____ State: _____	Bank Account #: _____
Zip: _____	Phone #: _____
	Fax #: _____

**Carrier References (Two Required):**

1. Business Name: _____	2. Business Name: _____
Address: _____	Address: _____
City: _____ State: _____	City: _____ State: _____
Zip: _____	Zip: _____
Phone #: _____	Phone #: _____
Fax #: _____	Fax #: _____

**Agreement**

The above information is for the purpose of obtaining credit and is warranted to be true. I/we authorize Estes Express Lines (Estes) to investigate references and history pertaining to my/our credit; certify familiarity with and agree to abide by Federal rules and regulations pertaining to payment of transportation services as provided for in Estes' tariff EXLA 105 (available at [www.estes-express.com](http://www.estes-express.com)), specifically the regulations in Title 49, Code of Federal Regulations, Section 377.203; and understand that under Federal law, a carrier is required to cut off credit when a customer exceeds the time allowed for payment. This document transmitted via Estes' website shall be as the original and certifies willingness to comply with Estes' payment terms.

Estes' payment terms are thirty (30) calendar days from the date of the invoice unless otherwise specified in a written contract executed by the applicant and Estes. Failure to pay freight charges accordingly subjects the payer to late payment fees and loss of discount, if any, shown on each freight bill and/or collection charges as prescribed in EXLA 105, item 720.

Name of Authorized Representative: (Print) \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_