

174 Cabot Street  
W.Babylon, NY 11704



Tel: 631-753-1500  
Fax: 631-753-1504

## Credit Application

Company Name \_\_\_\_\_ Phone# \_\_\_\_\_

Street Address \_\_\_\_\_ Fax# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Year Established \_\_\_\_\_ Organization Type: Corporation Partnership Individual

### Owners and Officers

Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Person to Contact for Payment \_\_\_\_\_ Phone# \_\_\_\_\_

Bank Name \_\_\_\_\_ Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Trade References

List companies with whom you have current or recent open account credit.

Company Name \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company Name \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company Name \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If credit is extended, payment will be due upon receipt. If payment is not received within 30 days, Riegel Transportation, Inc. may decline credit until the account is brought current. According to the tariffs covering charges on your account, late payment or non-payment may result in the loss of any applied discounts.

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

Print Name \_\_\_\_\_ Title \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE