

RPL Associates, Inc.

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rates@rplassociates.com

CONFIDENTIAL CREDIT APPLICATION

NAME: _____ PHONE: _____ FAX: _____
 ADDRESS: _____ EMAIL: _____
 CITY, ST, ZIP: _____ CONTACT: _____
 BILLING ADDRESS: _____ PHONE: _____ FAX: _____
 CITY, ST, ZIP: _____ EMAIL: _____
 FREIGHT PAY SERV: _____ CONTACT: _____

COMPANY INFORMATION

SOLE PROPRIETORSHIP PARTNERSHIP ASSOCIATION CORPORATION FED ID# / SS# _____

Primary Commodity / Activity: _____

Incorporated Under State Laws of: _____ Year Est: _____ Time at Present Location _____

DBA / AKA: _____ PARENT CO: _____

ACCT PAY CONTACT: _____ CONTROLLER: _____

OFFICERS: 1) _____ TITLE: _____

2) _____ TITLE: _____

3) _____ OFFICER: _____

BANK: _____ ACCT# _____ TYPE: _____

PHONE: _____ FAX: _____ EMAIL: _____

FREIGHT REFERENCES

1) _____ Phone: _____ EM: _____

2) _____ Phone: _____ EM: _____

3) _____ Phone: _____ EM: _____

TRADE REFERENCES

1) _____ Phone: _____ EM: _____

2) _____ Phone: _____ EM: _____

OUR DISCOUNTED FREIGHT BILLS REQUIRE THAT PAYMENT IS RECEIVED WITHIN FIFTEEN (15) DAYS. PLEASE HELP US KEEP OUR RATES LOW BY COMPLYING WITH OUR TERMS. THANK YOU

I acknowledge and agree that the credit being extended is for discounted freight services. Failure to pay in thirty days may result in a corrected freight bill for the full applicable published rate plus interest of 1-1/2 percent per month.

In the event of default and referral to an attorney or collection agency, I agree to pay all costs of collection including reasonable attorney's fees.

I understand that the above information is given for the purpose of obtaining credit and I certify, that to the best of my knowledge, the above information is complete and accurate as of the date of this application.

Signature _____ Title _____ Date _____