



APPLICATION FOR COMMERCIAL CREDIT
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Please complete and either fax to (651) 905-2825 or e-mail to accountsreceivable@transportamerica.com
 Questions, please call the Credit Manager: (651) 905-2816

REQUESTING CREDIT IN THE AMOUNT OF \$ _____ REASON:

- Corporation
 Partnership
 Proprietorship
 LLC
 LLP

Business Name:	Telephone Number:
Physical Address:	Fax Number:
City, State, Zip:	Email:
Business Address (if different from above):	Subsidiary of:
	Division of:
Business Type: (wholesale, retail, trucking, etc.)	State of Incorporation:
Owner's and/or Principal's Name and Title:	Banking Reference: Contact Name: Address: Phone: Account Number:
Do you <input type="checkbox"/> lease or <input type="checkbox"/> own your building?	Business Established _____ years.
Federal ID # or SSN: MC #: _____ DNB # _____	Accounts Payable Contact Information Name: Phone: Email: Fax:
Have you been in contact with a Transport America employee? If yes, who?	

*The undersigned warrants that the above information is true and is furnished to Transport Corporation of America, Inc., for the purpose of establishing a credit relationship. The undersigned authorized Transport Corporation of America Inc., to check, verify, and confirm the above information or perform other queries necessary to making a credit evaluation of the applicants. The undersigned agrees to provide financial statements as requested. **The undersigned agrees to a standard payment schedule, which is 30 days from the date of invoice.***

In the event that it becomes necessary for Transport Corporation of America, Inc. to refer to a collections agency and/or attorney, all reasonable collections and/or legal fees will be paid in full by the debtor. It is further agreed that the laws of the state of Minnesota shall govern this agreement, and unless prohibited by law, any suite, by any party relating to this agreement, shall be brought and maintained in the county of Dakota, in the state of Minnesota.

Date: _____ Signature: _____ Title: _____