



**TransAmerica Express**

Faster. Smarter. Better.

**customer credit application**

fax back 866.449.3480 or email to  
client@transamericaexp.com

**TRANSAMERICA EXPRESS**

**AGENT YOU SPOKE TO:** \_\_\_\_\_

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ DUNS#: \_\_\_\_\_

Year company est'd: \_\_\_\_\_ Limit Requested: \_\_\_\_\_

Type of Freight: \_\_\_\_\_

Any additional information: \_\_\_\_\_

Required Paperwork: \_\_\_\_\_ BOL \_\_\_\_\_ POD \_\_\_\_\_ REF# \_\_\_\_\_ Delivery Order

Invoice Delivery Method: \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_ Mail

Email/Fax/ Address to Send to: \_\_\_\_\_

Billing Requirement Specifications: \_\_\_\_\_

AP Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Transportation References**

Reference 1: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Reference 2: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Reference 3: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact: \_\_\_\_\_ Acct#: \_\_\_\_\_

The company will confirm that all information on a credit application is accurate by obtaining a TransAmerica Express Logistics credit background check to verify all information on this application with any listed parties. Invoices shall be submitted due upon presentation and shall be considered past due if not paid within thirty (30) days. In the event, the Client fails to make payments when due, and the Company incurs any fees for collection of past due sums from the Client, the Client agrees that all such collection costs incurred including, without limitation, legal fees, collection agency fees and court costs. Immediately become due and payable to the Company. If the time payments under this agreement become accelerated due to non-payment, Client agrees to waive the service of process and confess a judgment for the Company for the amount then appearing due under this agreement, together with legal cost. Client agrees to waive all right of appeal.

By: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_