



Company Name:

Address:

City:

State/Zip:

Website:

Phone:

Fax:

Credit Contact:

Remit Address:

City:

State/Zip:

Email:

Phone:

Fax:

Company Credit Details

of Employees:

D&N:

Year Established:

Fed Tax ID#:

D&N Rating:

Company Type:

What are required billing documents?

Corporate Principals, Partners, Owners

Name:

Title:

Ownership %Age:

Address:

Open Accounts Trade References

Creditor:

Phone:

Contact:



Creditor:

Phone:

Contact:

Bank Reference

Bank Name:

Phone:

Contact:

Bank Name:

Phone:

Contact:

Unless otherwise agreed, Carrier's maximum liability for cargo loss or damage shall be \$2.50 per pound, subject to a \$100,000 truckload maximum. Carrier selected by Broker shall be named on the bill of lading as the carrier of record. Rogue Motor Freight, Inc., shall be shown as a third-party bill to general principals of federal transportation law shall apply.

I certify that I am an authorized representative and fully charged with the ability to sign, agree to and submit this application for credit. In addition, you authorize Rogue Motor Freight, Inc., to make all inquiries necessary to process this application. I understand that the terms are 30 days upon receipt of invoice and that in the event that collection actions are necessary, the creditor reserves the right to designate the venue for any legal proceedings. I hereby also personally stand guarantee for the payments owed to Rogue Motor Freight, Inc., unpaid balances over 45 days could be subject to interest charges. I hereby authorize the above references to provide desired account/credit information of our company to our vendor Rogue Motor Freight, Inc.

Name:

Title:

Signature:

Date:

Please provide copy of Driver's License and SSN _____ of Guarantor.