

**ROUNTREE TRANSPORT & RIGGING
APPLICATION FOR CREDIT**

**** THIS APPLICATION MUST BE SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE ****

NAME OF BUSINESS: _____

BILLING ADDRESS: _____

PHYSICAL ADDRESS: _____

NAME OF PERSON(S) AUTHORIZED TO ORDER WORK: _____

ACCOUNTS PAYABLE CONTACT: _____

E-MAIL ADDRESS _____

PHONE NUMBER: (____) _____ - _____

FEDERAL ID #: _____ - _____

FAX NUMBER: (____) _____ - _____

INDIVIDUAL _____ CORPORATION _____ PARTNERSHIP _____ STATE OF INCORPORATION _____

DOES YOUR COMPANY REQUIRE ANY SPECIAL BILLING INSTRUCTIONS: YES or NO

IF YES, WHAT: _____

**** BANK REFERENCE ****

NAME: _____ ACCOUNT NUMBER: _____

ADDRESS: _____ PHONE # (____) _____ - _____

**** TRADE REFERENCES ****

NAME: _____ ADDRESS _____
PHONE # (____) _____ - _____
FAX # (____) _____ - _____

NAME: _____ ADDRESS _____
PHONE # (____) _____ - _____
FAX # (____) _____ - _____

NAME: _____ ADDRESS _____
PHONE # (____) _____ - _____
FAX # (____) _____ - _____

THIS APPLICATION IS MADE WITH THE UNDERSTANDING THAT ALL CHARGES FOR SERVICE WILL BE DUE & PAYABLE WITHIN 15 DAYS UPON RECEIPT OF INVOICE, AND THAT ONLY ONE INVOICE, PLUS A REMITTANCE COPY WILL BE PROVIDED, UNLESS OTHERWISE SPECIFICALLY REQUESTED.

APPLICANT SIGNATURE TITLE DATE

XX

CUSTOMER ACCOUNT # APPROVED BY DATE