R&M Trucking Credit Application

Date Submitted _____

R&M Trucking
840 E Green St Suite 100
Bensenville IL 60106
(847) 616-1080
www.rmtrucking.com
accounting@rmtrucking.com

For R&M Use Only:
Approved: _____ Date: _____
Credit Limit: _____

Company Name: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Shipping Address: _____ City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Toll Free: (____) _____ Fax: (____) _____

Main Contact Name: _____ Title: _____

Principle: _____ Title: _____

A/P Contact: _____ Ext: _____ Fax: (____) _____

Date Business Started: _____ Website Address: _____ E-Mail: _____

Type of Business: Corporation Proprietorship Other: _____ Federal ID #: _____

Dunn and Bradstreet #: _____

Credit References: Name Address City/State/Zip Phone Name

1 _____

2 _____

3 _____

4 _____

Bank References: Name Address City/State/Zip Phone Name

1 _____

2 _____

Please read carefully before signing
If approved, terms will be net 30 days. Past due accounts are subject to additional fees and legal expenses

Name of Person Completing Application (Print): _____

Signature of Person Completing Application: _____

Credit will not be extended until a "signed" copy of this form is returned to R&M Trucking