

Transportation General, Inc.
P.O. Box 26094
65 Industry Drive
West Haven, CT 06516
 Ph (203) 934-2096 / Fax (203) 937-0700

APPLICATION FOR NEW ACCOUNT

GENERAL INFORMATION:

Customer/Company Name:			
Customer/Company Address:			
City:	State:	Zip:	
Phone:	Fax:		
Contact Name for Payment:			
Email Address:			
Please indicate personnel authorized to charge to this account:			
Would you like a tip included?	Yes: ____ No: ____ Amount: _____ <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/> Other _____		
Billing information if different from above:	Billing Address:		
	City:	State:	Zip:
	Phone:	Fax:	

Type of Business (circle one)	Corporation	Partnership	Individual
Social Security Number or Federal ID Number:			
Date of Incorporation:			
Number of Years:			
Previous Address if less than 2 years:			

BANK INFORMATION:

Bank Name:			
Bank Address:			
City:	State:	Zip:	
Account Number:			
Bank Officer to Contact:	Phone:		

CREDIT REFERENCES:

Company Name:			
Address:			
City:	State:	Zip:	
Account Number:			
Phone:	Fax:		
Average Payment History (circle one): 30 Days 60 Days 90 Days Other			

Company Name:			
Address:			
City:	State:	Zip:	
Account Number:			
Phone:	Fax:		
Average Payment History (circle one): 30 Days 60 Days 90 Days Other			

Company Name:			
Address:			
City:	State:	Zip:	
Account Number:			
Phone:	Fax:		
Average Payment History (circle one): 30 Days 60 Days 90 Days Other			

Our transportation request number is (203) 777-7777

TERMS:

Transportation General's invoice terms are net 30 days from the billing date unless prior arrangements have been made in writing. All accounts are invoiced bi-monthly and invoices are due within 30 days to insure uninterrupted service. Billing and administrative fees of 10% are included in each invoice. If no dispute is made within 10 days of the invoice date, the charges will be considered valid and the full amount will be due. All accounts over 60 days past due will be placed on credit hold. The undersigned agrees to pay all collection costs including but not limited to reasonable attorney's fees in the event payment is not made within terms. We reserve the right to charge a late penalty of 1 1/2 % per month on any unpaid balance which is over 30 days.

All invoices should be remitted to the address at the top of this application.

I have read and understand, and I agree to comply with the terms and conditions herein. The information supplied in this application is true and correct to the best of my knowledge. I, the undersigned, also affirm that I am authorized to sign this document on behalf of the business applying for credit.

Signature	Date
Print Name	Title