



Revolution Logistics, LLC
Credit Application

Customer Name: _____ Credit Line: _____
Address: _____
Phone: _____ Fax: _____ A/P Contact: _____
Email: _____ Special Req: _____

Company Type: ___ Partnership, ___ Corporation, ___ Individual (SSN _____)
DUNS: _____ Yrs in Business: ___ Business Type: _____

Owners:

Name	Title	Address
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Banking

Bank Name: _____ Account #: _____
Address: _____
Phone #: _____ Fax #: _____ Contact: _____

Transportation References

Name	Address	Telephone / Fax / Contact
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Applicant authorizes Revolution Logistics, LLC to obtain credit information about applicant. If credit is extended applicant agrees to pay for all freight and related services provided by Revolution Logistics, LLC. Payments are due within 30 days of receipt of invoice.

Customer Signature: _____ Title: _____