

Tony's Transfer LLP.

P.O. Box 408
Wadena, MN 56482
PH. 218-631-1350
Fax 218-631-4509

Credit Profile and Billing Information

(Please Fill Out or Attach Credit Profile)

Customer Name: _____

Physical Address: _____

Billing Address: _____

City, State, Zip Code: _____

Phone #: _____ Toll Free #: _____

Fax #: _____ Website: _____

Contacts

Operations: _____ Phone #: _____

Accts Payable: _____ Phone #: _____

Claims: _____ Phone #: _____

Customer Billing Requirements

Need PO # Y N
Original BOL/Signed Y N

Bill Of Lading Y N
Copy Of BOL/ Signed Y N

Certificate Of Insurance Y N

Certificate Of Insurance Information:

Do You Have Your Credit Sheet Y N (If so please attach copy)

Customer Credit Information

D & B #: _____ Est Number Of Loads/Weekly: _____

Est/ Revenue/Weekly: \$ _____

Please Attach a copy of at least 3 trade references you have used in the past 30 days.

Customer Signature X _____

Date: _____

Tony's Transfer LLP. Credit Policy: Payment is due within **30 DAYS** of date invoice is received. By signing this application, the CUSTOMER agrees to these terms.