



New Account/Credit Application

P.O. Box 25612
Richmond, VA 23260

E-mail: credit@estes-express.com • Phone: (804) 353-1900, Ext. 2221

Please print and forward to the mailing or e-mail address above, or fax to (804) 359-9102 Attn: Credit Dept.

Company Information:

Name: _____ Federal Tax ID/SSN: _____

Address: _____ D&B Number: _____

City: _____ State: _____ E-mail Address: _____

Zip: _____ Phone #: _____ (i.e. 999-999-9999)

If Branch, Home Office Name and Address:

If Subsidiary, Parent Name and Address:

Type of Business (Please select one) Corporation Proprietorship Partnership LLC,LLP

Nature of Business: _____ State/Province: (If corporation, state of Incorporation) _____

Estimated Monthly Credit Requirements: \$ _____

Invoicing Information:

Mailing Name and Address (If different than above):

Name: _____ Accounts Payable Contact: _____

Address: _____ Phone #: _____ (i.e. 999-999-9999)

City: _____ State: _____ Fax #: _____ (i.e. 999-999-9999)

Zip: _____

Billing Requirements: _____

Billing Agent (If different than above): _____

EDI Capable: Yes No

EDI Contact Name: _____ Phone #: _____

Transaction Sets (Check All That Apply): 210 (Invoicing) 820 (Remittance Advice)

Principal Owners - Stockholders - Partners - Officers of Company:

Name	Mailing Address	City	State	Title
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Bank Reference:

Bank Name: _____	Banking Official: _____
Address: _____	Type of Account: _____
City: _____ State: _____	Bank Account #: _____
Zip: _____	Phone #: _____
	Fax #: _____

Carrier References (Two Required):

1. Business Name: _____	2. Business Name: _____
Address: _____	Address: _____
City: _____ State: _____	City: _____ State: _____
Zip: _____	Zip: _____
Phone #: _____	Phone #: _____
Fax #: _____	Fax #: _____

Agreement

The above information is for the purpose of obtaining credit and is warranted to be true. I/we authorize Estes Express Lines (Estes) to investigate references and history pertaining to my/our credit; certify familiarity with and agree to abide by Federal rules and regulations pertaining to payment of transportation services as provided for in Estes' tariff EXLA 105 (available at www.estes-express.com), specifically the regulations in Title 49, Code of Federal Regulations, Section 377.203; and understand that under Federal law, a carrier is required to cut off credit when a customer exceeds the time allowed for payment. This document transmitted via Estes' website shall be as the original and certifies willingness to comply with Estes' payment terms.

Estes' payment terms are thirty (30) calendar days from the date of the invoice unless otherwise specified in a written contract executed by the applicant and Estes. Failure to pay freight charges accordingly subjects the payer to late payment fees and loss of discount, if any, shown on each freight bill and/or collection charges as prescribed in EXLA 105, item 720.

Name of Authorized Representative: (Print) _____ Title: _____

Signature: _____ Date: _____