



Date (MM/DD/YYYY):	<input type="checkbox"/> New Application		<input type="checkbox"/> Updated Information	
Company Name:				
DBA:				
Address 1:				
Address 2:				
City, State ZIP:				
Company Type:	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership			
Tax ID/EIN:			# of Years in Business:	
Billing Address 1: (If Different than above)				
Billing Address 2:				
Billing City, State ZIP:				
Name of Principals:				
AP Contact Name				
AP Contact Email/Phone				
Estimated Annual Sales:	\$	Credit Limit Requested:	\$	
Bank Name	Account Number	Contact Phone Number	Contact Name	
Reference Company Name	Reference Contact Name	Reference Phone Number	Reference Email Address	
Terms on all invoices are net 30 days from date of invoice. We agree that upon approval of this application that we will abide by the credit terms and limits established by Sutton Transport Inc. and in the event that our account is forwarded to an attorney or other agency for collection, with or without suit, we agree to pay collection costs, reasonable attorney fees. We agree to pay a service charge of \$50.00 for any returned checks. We understand that any payments made with a credit card will incur a 5.0% processing fee. We further understand that account balances of 60 days will directly impact our discount and any account balances outside of 90 days will be charged 5% monthly late fee.				
Authorized Signature:				Date:

This form can be completed electronically and printed for signature or printed and filled out by hand.

Submit completed form to your Sutton Transport, Inc. Sales Representative