



RFG LOGISTICS INC

Customer Credit Application

Legal Name _____

DBA Name _____

Address _____

Proprietorship Corporation Partnership Limited Liability Co

Phone _____ Fax _____

Email _____ Website _____

Tax ID #/SSN _____ Year Est. _____

Nature of Business _____

Outbound Daily Load Count _____ → Product _____

Inbound Daily Load Count _____ → Product _____

A/P Contact _____ Payment Terms _____

Which weight does your company pay freight bills on? (check one)

___ Loaded Weight ___ Delivered Weight

Officers/Owners

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Bank Reference (s)

1. Bank Name _____ Account No _____

Address _____ Account Type _____

Phone No _____ Fax No _____

2. Bank Name _____ Account No _____

Address _____ Account Type _____

Phone No _____ Fax No _____

Trade References

1. Company Name _____ Phone _____

Contact Name _____ Fax _____

2. Company Name _____ Phone _____

Contact Name _____ Fax _____

3. Company Name _____ Phone _____

Contact Name _____ Fax _____

By signing this credit application the undersigned authorizes Retzlaff Grain Company, Inc. and its affiliates, subsidiaries, and divisions to investigate and verify all information herein for the purpose of procuring freight of all kinds on credit.

Name _____ Title _____

Signature _____ Date _____

*Please return completed form to RFG Logistics Inc by fax or email.

Fax No: (402)932-9842

Email Address: jodym@rfglogistics.com