



RFG LOGISTICS INC

Customer Credit Application

Legal Name _____

DBA Name _____

Physical Address _____

Billing Address _____

Billing Address for UPS or FedEx: _____

Phone _____ Fax _____

Email _____ Website _____

Tax ID #/SSN _____ Year Est. _____

Proprietorship Corporation Partnership Limited Liability Co

Nature of Business _____

A/P Contact _____ Payment Terms _____

Are originals required with invoices? Yes No

Email invoices to: _____

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) (no checking or saving accounts please)

1. Bank Name _____
Address _____
Credit Account No _____ Account Type _____
Bank Contact _____
Phone No _____ Fax No _____

Trade References

1. Company Name _____
Contact Name _____
Phone _____ Fax _____
2. Company Name _____
Contact Name _____
Phone _____ Fax _____
3. Company Name _____
Contact Name _____
Phone _____ 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 by fax or email.

Fax No: (402) 932-9842

Email Address: laurenw@rfglogistics.com