



RoadMasters Transport Co., Inc.  
 PO Box 1488  
 Athens TX 75751  
 (903) 675-8550 Office  
 (903) 677-3205 Fax

**CREDIT APPLICATION & PROFILE**

Fax back to: (903) 677-1505 for approval

Date \_\_\_\_\_ Terminal Requesting \_\_\_\_\_

Estimated line of credit required \$ \_\_\_\_\_

Firm Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DBA \_\_\_\_\_

Principals: \_\_\_\_\_ Title \_\_\_\_\_ SSN \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date Established \_\_\_\_\_ Type of business \_\_\_\_\_

Ownership  Corporation  Partnership  Sole Owner  Federal Id # \_\_\_\_\_

**Banking & Trade Information:**

Bank Reference \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Account # \_\_\_\_\_

Trade Reference \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Trade Reference \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Trade Reference \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Attach Financial Statement or complete the following:**

Cash on hand	_____	Accounts Payable	_____
Accounts Rec.	_____	Due Banks (secured)	_____
Notes Rec.	_____	Due Banks (unsecured)	_____
Other Assets (describe)	_____	Notes Payable Others	_____
Fixtures & Trucks	_____	Other Current Liabilities	_____
Real Estate (Net)	_____	Long-Term Debt	_____
Other Long-Term Assets	_____	Owing Officers	_____
		Other Long-Term Liabilities	_____

## CUSTOMER PROFILE

Dear Customer:

In an effort to better service you and your company, we are asking that you take a few moments of your time to answer the following questions. Your answers will be transferred to our new automated billing system, which will in turn decrease billing errors as well as supply you with the proper paperwork needed to process payment. Please return this survey in the self addressed post-paid envelope that is provided, at your earliest convenience. Thank you in advance for your cooperation, and we look forward to better serving you and your company.

Customer Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Payables Contact, Title \_\_\_\_\_ Phone \_\_\_\_\_

Type of Commodity: Office  Manufactured Housing 12  14  16  18

Other (describe) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What days are payments processed \_\_\_\_\_

Any special payment instructions \_\_\_\_\_

Please check items required for billing:

Invoice  Purchase Order

Other (describe)  \_\_\_\_\_

\_\_\_\_\_

Approval for Downtime Yes  No  Approval for Detours Yes  No

Require quotes in writing Yes  No

No. of employees \_\_\_\_\_ Est. Annual Sales \$ \_\_\_\_\_ Sales Area \_\_\_\_\_

Has the firm or any of its Principals ever been bankrupt? Yes  No

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Type of Credit Agreement: **DUE UPON RECEIPT**

Applicant agrees to pay any collection cost incurred to collect the amount, including reasonable attorney fees.

Undersigned Will  Will Not  submit a financial statement.

The undersigned as an inducement to grant credit, warrants that the information submitted is true and correct.

You are authorized to investigate the credit reference listed above.

Customer Signature, Title \_\_\_\_\_

Date \_\_\_\_\_

Customer Signature, Title \_\_\_\_\_

Date \_\_\_\_\_