



New Account/Credit Application

P.O. Box 25612
Richmond, VA 23260

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

Please print and forward to the mailing or e-mail address above, or fax to

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: _____