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NEW CUSTOMER APPLICATION

Company Name: _____

Street Address: _____

Billing Address (if different): _____

City: _____ State: _____ Zip: _____ - _____ Country: _____

Main Telephone No.: ____ - ____ - _____ Main Fax No: ____ - ____ - _____

Email Address: _____

Parent Company (If applicable): _____

Parent Company Address: _____

Federal Tax ID: _____

Check One: Corporation LLC Partnership Sole Proprietor Other

Name/Title of Principals: _____

Accounts Payable Contact: _____ A/P Phone No: _____ - _____

A/P Email: _____

What is the amount of estimated monthly credit required? _____

How frequently are vendor checks issued? Bi-Weekly Weekly Twice or more weekly

What is the number of days between receipt of invoice and actual mailing of check to vendor? _____

Check which documents are required to process payment:

Bill of Lading Invoice Proof of Delivery P.O. # Other Ref #'s

***Bank Information** (Include wire transfer details on international partner accounts.)

Bank Name: _____ Bank Contact Name: _____

Address: _____ Branch: _____

City: _____ State: _____ Zip: _____ - _____ Country: _____

Bank Routing Number (ABA): _____ Account No: _____

Bank Contact Telephone No.: ____ - ____ - _____ Bank Contact Fax No: ____ - ____ - _____