



T R I F E C T A
T R A N S P O R T

ALL FIELDS MUST BE FILLED OUT FOR CREDIT TO BE CONSIDERED

COMPANY INFORMATION

Check one: Corporation Limited Liability Company Proprietorship Other Cortera Link ID:

Applicant Exact Legal Name of Business:

Physical Address of Business:

City: _____ State: _____ Zip: _____

Billing Address:

City: _____ State: _____ Zip: _____

Person to Contact in Accounts Payable: _____ A/P Email: _____

Payable Phone Number: _____ Fax Number: _____

Date Business Began: _____ Line of Business: _____

Parent Company (if applicable):

Street Address:

City: _____ State: _____ Zip: _____

Authorized Signatory (The authorized signatory agrees that you have the powers to commit your organization to a binding agreement):

Primary Shipping Needs (Check one) DTL Truckload Credit Required:

Please attach a list of all your business names and addresses that will be shipping and receiving.

THE ABOVE INFORMATION is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize the company to whom this application is made to investigate the references pertaining to my/our credit and financial responsibility. You agree to accept electronic signatures and/or faxed copies of this document as creating legal effect.

Authorized Signatory: _____ Title: _____

Print name: _____ Date: _____

**Fax back to our confidential fax number 800-469-1428
Attention: Credit Department**