



**COMPANY BACKGROUND**

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Street Address: \_\_\_\_\_  
(street/P.O. box) (City) (State) (Zip)

YEAR ESTABLISHED: \_\_\_\_\_ CORP: \_\_\_ SOLE PROPRIETORSHIP: \_\_\_ PARTNERSHIP \_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

D & B: \_\_\_\_\_ RB \_\_\_\_\_ BB \_\_\_\_\_

**BANK & TRADES:**

BANK \_\_\_\_\_

CITY \_\_\_\_\_

OFFICER \_\_\_\_\_

ACCT# \_\_\_\_\_

**REFERENCES:**

1. \_\_\_\_\_ CITY/ST \_\_\_\_\_ PHONE \_\_\_\_\_

2. \_\_\_\_\_ CITY/ST \_\_\_\_\_ PHONE \_\_\_\_\_

3. \_\_\_\_\_ CITY/ST \_\_\_\_\_ PHONE \_\_\_\_\_

The person signing this document declares that he/she is authorized to sign this document on behalf of client, and if credit is granted agrees to the terms described herein.

By signing this form the undersigned certifies that all information on this form is correct and understands that payment of all freight invoices/charges are due within (15) days of the date of the invoice; and agrees to a timely payment in consideration of extended credit. In the event that an account must be turned over to an attorney or collection agency, the customer will be obligated to pay all fees and court costs. The customer agrees that should litigation become necessary, lawsuit jurisdiction will be in Jackson County, OR.

Signed \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fill out & fax back to Action Transportation, Inc. (541)779-4476**