



OurQuest
Inc

855-445-3035 FAX 888-251-9638

MC# 785554
DOT# 2305941
SCAC# OQTC
DUNS# 020096823

SHIPPER CREDIT APPLICATION AND PROFILE FORM

Company Name _____

Address _____

City/State/Zip _____

Billing Address (if different) _____

Phone _____ Fax _____

E-Mail _____ Federal ID # _____

Shipping Contact _____ Payables Contact _____

Special Billing Requirements _____

BANK INFORMATION

Name of Bank _____

Contact Person _____ Phone _____

Account Number(s) _____

DUNS# _____

THREE CREDIT REFERENCES

Company _____ City/State _____

Contact _____ Phone _____

Company _____ City/State _____

Contact _____ Phone _____

Company _____ City/State _____

Contact _____ Phone _____

TERMS AND CONDITIONS

I understand the following and will abide by RDS's company policies;

1. Notify RDS of any changes in ownership, name, address, phone numbers, ect.
2. If granted credit, our company agrees to pay our freight bills within 21 days of receipt.
3. Our company's financial condition is satisfactory and we will meet all financial obligations.
4. I authorized the release of credit information to RDS, which will be held in strict confidence by RDS.
5. It is agreed that our account will become COD if we fail to pay within terms.
6. We acknowledge that amounts past due will be charged interest to the maximum legal limit.
7. If legal collections are required, we will reimburse RDS for its attorney and collection cost.
8. I am an authorized representative of the company and have the authority to execute this document.
9. Shall not deduct or offset freight bills for claims or damages without prior written approval from RDS.

Signature _____ Date _____

Print Name _____ Date _____