



P.O. Box 4547  
Medford, OR 97501  
Phone: 888-857-1811  
Fax: 541-857-1817

Customer 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 & TRADE REFERENCES:**

Bank \_\_\_\_\_

City \_\_\_\_\_ Acct # \_\_\_\_\_

Account Representative \_\_\_\_\_

**REFERENCES:**

1. \_\_\_\_\_ City/State \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ City/State \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ City/State \_\_\_\_\_ Phone \_\_\_\_\_

The person signing this document declares that he/she is authorized to sign this document on behalf of the 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 21 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 and fax back to Advanced Transportation Inc. (541)857-1817

