



ROMAR TRANSPORTATION SYSTEMS, INC.
3500 S. KEDZIE AVENUE
CHICAGO, IL 60632
PHONE (773) 376-8800 FAX (773) 650-1643

CREDIT APPLICATION

DATE _____ **DIV.** _____ **SALESMAN#** _____

Company Name: _____
Address _____ **Billing Address** _____
City _____ **State** _____ **Zip Code** _____
Telephone() _____ **Fax ()** _____
No. of Employees _____ **Years in Business** _____ **FID#** _____ **Contact** _____
Company Officer/Owner _____ **Title** _____
Monthly Business Projection with RTSI \$ _____ **Dun & Brad#** _____
Nature of Business _____ **MC#** _____
Surety Bond Info: Insurance Co. _____ **Policy #** _____
E-mail address for accounts payable _____ **Web Site** _____

BANK REFERENCE

Bank Name _____ **Telephone ()** _____
Address _____ **City** _____ **State** _____
Account# _____ **Contact** _____

TRANSPORTATION CREDIT REFERENCES

Company Name	Telephone #	Contact
1. _____ () _____	_____	_____
2. _____ () _____	_____	_____
3. _____ () _____	_____	_____
4. _____ () _____	_____	_____

I authorize the release of the requested credit information above for the purpose of establishing an account with RTSI. Account balances over 30 days will be considered delinquent (unless otherwise arranged) and subject to the review of credit privileges and collection procedures. Should it be necessary to implement collection action by referral to collection agent/attorney. We / I agree to pay all collection costs and the outstanding balance plus court costs and interest at the rate of 1.5% per month.

Signature: _____ **Title:** _____

Print Name: _____ **Date:** _____