

# HRCP Credit Application

## OUR TERMS ARE NET, 30 DAYS

Past due invoices are subject to a 1.5% monthly service charge. When making payments by ACH or wire transfer, please submit invoice details via email to [invoicedetailshrcp@vit.org](mailto:invoicedetailshrcp@vit.org). Please send your W-9 to [hrcpcreditapplication@vit.org](mailto:hrcpcreditapplication@vit.org) in addition to completing this form.

**Terminal Locations:** Newport News Marine Terminal, Norfolk International Terminals, Portsmouth Marine Terminal, Virginia Inland Port, Virginia International Gateway and Richmond Marine Terminal.

Company Name \_\_\_\_\_

Address (**NO P.O. BOXES**) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Owner(s) Name & Email Address \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

Fax number \_\_\_\_\_

Corporate/Parent Address \_\_\_\_\_

Nature of Business \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_

MC or DOT # \_\_\_\_\_

Years in Business \_\_\_\_\_

General Manager/Administrator \_\_\_\_\_

Email address \_\_\_\_\_



### Reference 3

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email address \_\_\_\_\_

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

\_\_\_\_\_

Printed name

\_\_\_\_\_

Signature

\_\_\_\_\_

Title

***\*\*All line items are required. Incomplete credit application will be rejected\*\****

***\*\*\*All owners/partners must be identified on the application\*\*\****

***\*\*\*\*Active membership to the UIIA is required at the time of credit application submission\*\*\*\****