

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. Please send your W-9 to 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 _____

Accounts Payable Contact _____

Bank Name _____

Bank Phone number _____

Branch Address _____

Active member of the UIIA? Yes No

SCAC code for HRCP _____

Had any previous business entities with HRCP? Yes No

Previous shareholders or members from the previous entities _____

Business names from previous entities _____

****References will be verified. No personal, trucking, logistics or insurance company credit references. Business and financial credit references only. Minimum of six months payment history is required. All references must respond.****

Reference 1

Name _____

Address _____

Phone _____

Email address _____

Reference 2

Name _____

Address _____

Phone _____

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*******