

GENERAL INFORMATION

Business Name: _____
Phone #: _____ Fax #: _____
Physical Address: _____
City / State / Zip: _____
Bill to Address: _____
City / State / Zip: _____
President / Owner: _____
Date of Incorporation: _____ State of Incorporation: _____
DUNS #: _____

ACCOUNTING INFORMATION

A/P Contact: _____ A/P Phone #: _____
Credit Limit Requested: _____ Required Paperwork: _____
Preferred Method of Billing: Fax Email Standard Mail
Email Address: _____ Fax #: _____

BANKING INFORMATION

Bank Name: _____
Bank Address: _____
Bank Phone #: _____ Account #: _____
Contact Name: _____

Please note that all invoices from Armstrong Transport Group are due in full within 30 days from invoice date. Past due invoices may be subject to applicable interest charges. In the event this account is turned over for collections, Armstrong is entitled to costs associated with collections, including but not limited to attorney fees.

All payments must be mailed to the following address only: **Armstrong Transport Group - PO BOX 74815 Chicago, IL 60694-4815**

_____	_____
AUTHORIZED SIGNATURE	TITLE
_____	_____
PRINT NAME	DATE

RETURN COMPLETED FORM TO YOUR ATG AGENT OR CREDIT@ARMSTRONGTRANSPORT.COM