



A Transportation Company

Trans-Continental Systems, Inc.

Local (513) 769-4774

Fax (513) 769-0239

Watts (800) 488-8726

(TRANS)

Fax Cover Sheet

Credit Application

Date:

To:

From:

Pages:

Please include the following documents with your returned fax to 513-769-0239.

W-9
Surety Bond
Proof of Insurance
Operating Authority

Please include the fax number for all credit references.

If you have any questions please call Julie or Tina at 513-769-4774.

THANK YOU!



Trans-Continental Systems, Inc.

A Transportation Company

Local (513) 769-4774

Fax (513) 769-0239

Watts (800) 488-8726

(TRANS)

New Customer Profile

MC# _____

FED# _____

Customer Name: _____ Date: _____

Shipping Address: _____ System Code: _____

City, State, Zip: _____ Credit Limit: _____

Shipping Contact: _____ Telephone: _____ Fax: _____

Shipping hours: _____ Equipment type: _____

Special Instructions: _____

Bill to: _____ Telephone: _____

Address: _____ Fax: _____

City, State, Zip: _____

Contact Name: _____ Contact phone: _____

Special Instructions: _____

Destination Points: _____

Competition: _____

CC: _____

Project State Date: _____

Project Annual Revenue: _____

Sales Manager: _____

Approved: _____ Date: _____



Trans-Continental Systems, Inc.

A Transportation Company

MC# _____
FED# _____

Local (513) 769-4774
Fax (513) 769-0239
Watts (800) 488-8726
(TRANS)

CREDIT APPLICATION

FIRM NAME _____ NATURE OF BUSINESS _____

MAILING ADDRESS _____

CITY/ STATE/ ZIP CODE _____ YEAR ESTABLISHED _____

IF BRANCH, HOME OFFICE LOCATION _____ PRESENT LOCATION SINCE _____

NAME, TITLE, & PHONE OF PERSON PAYING _____ BILLS ARE TO BE SENT TO _____

INCORPORATED? _____ STATE OF INCORPORATION _____
YES NO

PRINCIPLE OFFICERS, PARTNERS, OR PROPRIETOR _____

NUMBER OF SHIPMENTS ANTICIPATED _____ MAXIMUM CHARGES EXPECTED TO ACCRUE
PER MONTH _____ DURING CREDIT PERIOD _____

CREDIT REFERENCES

NAME _____ ADDRESS _____ PHONE# _____ FAX# _____

NAME _____ ADDRESS _____ PHONE# _____ FAX# _____

NAME _____ ADDRESS _____ PHONE# _____ FAX# _____

BANK _____ ADDRESS _____ PHONE# _____ FAX# _____

ACCOUNT OFFICER AND ACCOUNT NUMBER _____

RETURN FORM TO:

CREDIT AND COLLECTIONS
TRANS-CONTINENTAL SYSTEMS, INC
10801 EVENDALE DRIVE
CINCINNATI, OH 45241

APPLICANT'S SIGNATURE INDICATES
UNDERSTANDING OF AND WILLINGNESS
TO COMPLY WITH ICC CREDIT REGULATIONS
AND TRANS-CONTINENTAL SYSTEMS, INC.
CREDIT TERMS.

FOR OFFICE USE ONLY:
APPROVED BY:

CREDIT LIMIT:

NAME OF COMPANY _____

SIGNATURE _____

TITLE _____



A Transportation Company

Trans-Continental Systems, Inc.

Local (513) 769-4774

Fax (513) 769-0239

Watts (800) 488-8726

(TRANS)

AUTHORIZATION TO RELEASE INFORMATION

_____, hereby authorizes this company to release all
(Company Name)
Credit and Financial Information to Trans-Continental Systems, Inc., or its authorized
Representative, which may request such information in connection with my application for
Credit with said company. I hereby release the responding company from any and all
Liability of any type as a result of providing the above information for the undersigned.

Date: ___/___/___

(Authorized Signature)