



BUSINESS CONTACT INFORMATION

Legal Company Name		Date business established	
AP Contact First and Last Name		<input type="checkbox"/> Sole proprietorship	
AP Contact Phone		<input type="checkbox"/> Partnership	
AP Contact Fax		<input type="checkbox"/> Corporation	
AP Contact E-mail		<input type="checkbox"/> Other	
Company Address City, State ZIP Code		Company Tax ID number	

BANK INFORMATION

Company's Bank Name		Bank Contact E-mail	
Bank Contact First and Last Name		Bank Account Number	
Bank Contact Phone		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other
Bank Contact Fax			

BUSINESS/TRADE REFERENCES

Company and Contact name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	



Company and Contact name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company and Contact name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. By submitting this application, you authorize Pulido Transport, L.P. to make inquiries into the banking and business/trade references that you have supplied.
3. Preferred payment in the form of ACH deposit, Bank: Industry State Bank; Account Name: Pulido Transport, L.P.; Routing Transit Number 113111077; Account Number 204600320

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	