



Bedford Logistics, Inc New Customer Information

Company Name: _____ Phone: _____
Primary Contact: _____ Fax: _____
Primary Title: _____ Email: _____
Address: _____
City: _____ State: _____ Zip: _____
Years in Business: _____ Type of Business: _____ Corporation _____ Partnership _____ Sole Proprietor
Parent Company Name (if applicable): _____
Privately held? _____ Yes _____ No
Amount of Credit Requested: \$ _____ Class of Freight: _____

Billing Information:

Company Name: _____
Primary Contact: _____
Primary Title: _____ Phone: _____
Address: _____ Fax: _____
City: _____ State: _____ Zip: _____ Email: _____

Special Billing Requirements:

Documents required with invoice? Please specify: _____
Misc billing comments (special references required): _____

Banking Information:

Company Name: _____
Primary Contact: _____ Account # _____
Primary Title: _____ Phone: _____
Address: _____ Fax: _____
City: _____ State: _____ Zip: _____ Email: _____

Trade References (minimum of two):

Company Name: _____ Account # _____
Primary Contact: _____
Primary Title: _____ Phone: _____
Address: _____ Fax: _____
City: _____ State: _____ Zip: _____ Email: _____
Company Name: _____ Account # _____
Primary Contact: _____
Primary Title: _____ Phone: _____
Address: _____ Fax: _____
City: _____ State: _____ Zip: _____ Email: _____
Company Name: _____ Account # _____
Primary Contact: _____
Primary Title: _____ Phone: _____
Address: _____ Fax: _____
City: _____ State: _____ Zip: _____ Email: _____

By signing this agreement, the signing individual warrants and agrees on behalf of the company contracting for the services of Bedford Logistics, Inc that: All information provided above is true and correct. Company information can/will be used to determine credit worthiness. Bedford Logistics, Inc will be held harmless against any claims, direct or indirect that may result from the request of information from the provided sources. The requestor agrees to comply with all Federal regulations pertaining to the payment of transportation charges. The company agrees to pay for charges within Bedford Logistics terms (net 15 days). The company and any of it's personell the company believes advisable have read, understood and agree to the standard rules and accessorials circular. A copy of which will be provided upon request.

By signing this document I/we agree to the above terms and conditions.

Name of Authorized Representative: _____ Date: _____

Upon completion, please send to:

Bedford Logistics, Inc.
1812 High Grove
Naperville, IL 60540
Email: dispatch@bedfordlogistics.com