



**ROBIN HOOD CONTAINER
EXPRESS, INC.**

Post Office Box 70 – Benson, North Carolina 27504

Telephone (910) 892-5803 Ext. 239

Fax (910) 892-9153

Email: denise@robinhoodcontainer.com

CREDIT APPLICATION

(Please print or type) Must Complete & Return All 3 Pages

Company Information

| | |
|------------------------|-------------------------|
| Company Name: | Contact Person & Title: |
| Address: | Phone #: |
| City, State, Zip: | Fax#: |
| Bonding Name & Number: | Email: |
| President/Owner: | Website: |

Your Company Banking Information

| | |
|--------------|-----------------|
| Bank/Branch: | Phone #: |
| Acct. # | Contact Person: |

Payment Information/Instructions

Payments can be received by (select one): ACH: _____ Check: _____

Late Payments Made by Check **MUST** be **Overnighted** to:
 62 Robin Hood Road, Dunn, NC 28334
 Or
 Wired Within 24 Hours of Request for Payment.
 RBHC Terms are 30 days No Exceptions.

Billing Instructions

Bill To:

Accounts Payable Contact Name:

Phone Number:

Accounts Payable Email Address to Receive E-Billing:

How do you want your Invoices (select one): (Regular Mail could incur extra charges)

EDI

E-Mailed

Fax

If Invoices Are Emailed Do You Need Them Emailed As: (select one)
 Individual Invoices Grouped Invoices

Required Documents for Billing (Check All That Apply):

| | | | | | |
|---------|----------|----------------|-------------------|----------------|-----|
| In Gate | Out Gate | Delivery Order | Proof of Delivery | Bill of Lading | ALL |
|---------|----------|----------------|-------------------|----------------|-----|

Additional Billing Instructions:

ICC Regulations require payment of freight bills within 7 days. Any bills over 30 days from invoice date will accrue interest at 1 ½% per month of 18% annually. Any disputes on bills should be settled immediately.

Customer is responsible for all legal expenses if bill is not paid on time.

Robin Hood Container Express, Inc. Allows:

- Two hours free time for loading or unloading.
- After two hours, time will be charged at a rate of \$85.00 per hour.

Any per diem caused by the shipper / consignee will be the responsibility of that party.

I understand and agree to the terms and conditions of this agreement.

Signature

Title

Date

INDIVIDUAL PERSONAL GUARANTEE

I, _____, residing at _____, for and in consideration of your extending credit to (Name of Company) _____, hereby personally guarantee to you the payment of any obligation of the company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the company whenever the company shall fail to pay the same. It is understood that this guarantee shall be continuing and irrevocable guarantee and indemnity for such indebtedness of the company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

Sign Name

Print Name

Date

REFERENCES

Name: _____ Phone: _____

Address: _____

Contact: _____

Name: _____ Phone: _____

Address: _____

Contact: _____

Name: _____ Phone: _____

Address: _____

Contact: _____