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iShared.com

iShared Account Manager

CUSTOMER PROFILE

NET 30 DAY TERMS ARE EXPECTED IF CREDIT IS APPROVED

FEID #: MC # (if applicable):

NAME OF BUSINESS:

TELEPHONE NUMBER: FAX NUMBER:

MAILING ADDRESS:

CITY: STATE: ZIP:

PHYSICAL ADDRESS:

CITY: STATE: ZIP:

ACCOUNTS PAYABLE INFORMATION

DO YOU OFFER ACH PAYMENTS?

EMAIL ADDRESS FOR INVOICE DISTRIBUTION:

ARE PODS REQUIRED WITH INVOICES?

AP CONTACT:

E-MAIL: PHONE: FAX:

Please list addt'l requirements for prompt invoice payment:

OUR BANKING & ACH INFORMATION 877.968.7962

Please Email remit to: paymentremits@ishared.com
Account Holder Name: iShared Transportation Bank - Woodforest National Bank
25231 Grogan's Mill Rd The Woodlands, TX 77380
Account# 1312023805 for ACH/WIRE payments
ABA/Routing# 113008465 for ACH/WIRE payments Swift Code: WONAUS44

Our remit address- iShared Transportation

Dept. AT 952490

Atlanta, GA 31192-2490

CUSTOMER PROFILE

TYPE OF BUSINESS:

SINCE:

IF DIVISION/SUBSIDIARY – NAME OF PARENT COMPANY:

NAME OF COMPANY PRINCIPAL RESPONSIBLE FOR BUSINESS TRANSACTIONS:

TITLE:

TITLE:

This information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct.

You are authorized to investigate the credit references and principles listed.

In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed NET30.

In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred.

The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

Signature

Title

Date

Operational Profile

Hours of Operation (Include Weekends if applicable)

Day time Operations contact phone and email

Night, Weekend and Holiday Ops contacts (If different than daytime)

Contact for Accessorial approval

OS&D contact

Claims contact

EDI / IT contact

Asset and Brokerage approved?

3 Credit References

1. Company Name _____

A/R Contact _____

2. Company Name _____

A/R Contact _____

3. Company Name _____

A/R Contact _____

Internal use only

Approval _____

Credit Limit _____