



100 Commerce Drive Pittsburgh, PA 15275 800-223-8973

**Application for Credit**

**Business Contact Information**

Name of Business:		
Phone:	Website:	
Physical Address:		
City:	State:	Zip:
Business Type: Corporation ___ LLC ___ Sole Proprietorship ___ Other ___		
Parent Company (if applicable):		

**Billing -AP Information**

**Invoice receipt preference:** EDI \_\_\_ Email \_\_\_ Portal \_\_\_

Email invoices to:	Comments:
A/P Contact:	A/P E-mail:

**Business/trade references (Please list or attach References)**

NAME OF COMPANY	City/State	Contact Name	Phone

**Bank Account Information**

NAME OF BANK	ACCOUNT NUMBER	CONTACT NAME	PHONE

**PLEASE NOTE OUR TERMS ARE 30 DAYS**

**Acceptance of Credit terms**

TERMS OF CREDIT SALE: If credit is approved, these terms herein shall apply and form an enforceable Credit Agreement. Full payment for our services is due thirty (30) days from the date of our invoice. Past Due Accounts are subject to suspension and credit hold and may be reported to third party credit bureaus. Non-payment and late payments shall, in either case, be an event of default of this Credit Agreement. Each payment remittance shall be payable to the named service provider identified on our invoice. Upon an event of default, the named applicant shall pay our costs of collection, including our reasonable legal fees, court costs, NSF charges, and/or third-party collection fees, regardless whether a lawsuit is initiated. As an express condition of extending credit terms of sale, and this Credit Agreement, the applicant shall not withhold any payment due or set-off any alleged freight loss or damage claim(s). If a collection action is required to enforce the terms of this Credit Agreement, the undersigned irrevocably submits to the jurisdiction of the state or federal courts located in Allegheny County, Pennsylvania. All motor carrier services are subject to the Bill of Lading and issued Rate Confirmation(s). By signing below, you have acknowledged that you have read the terms and conditions credit herein, covenant that you are authorized to enter into this Credit Agreement on behalf the applicant, and will be bound to the terms contained herein.

**Applicant Name and Signature**

Name of signatory (Print)	Position held
Signature (Authorized Signatory of the Customer)	Date:



**PAYMENT REMITTANCE INFORMATION**

Please ensure that your payment along with the remittance advice are sent to one of the options listed below.

**US Postal Service:**

Name	The Huntington National Bank
Address	PO Box 72665, Cleveland, OH 44192
Account Name	LTR - Load To Ride
Account Number	01100350471
Routing Number	041215032

**ACH/EFT (Automated Clearing Hosue/EFT & Wire Transfer):**

Name	The Huntington National Bank
Address	Cleveland, OH
ABA/Routing Number	041215032
ABA Wire Number	044000024
Swift Code	HUNTUS33

**Overnight Address:**

Name	The Huntington National Bank
Address	#295 First Merit Circle, Akron, OH 44307
ATTN	Lockbox Dept. OPC833

**Email Address for remittance documents:**

Remit@ltrtransportation.com

