



Please email when completed email: [accounting@fgtrans.com](mailto:accounting@fgtrans.com)

**Account Credit Profile**

Company Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Website \_\_\_\_\_

Contact \_\_\_\_\_ Email Address \_\_\_\_\_

Type of Business: \_\_\_\_\_

Are you incorporated? Yes  No  Years in Business: \_\_\_\_\_

Type of Commodity/Value: \_\_\_\_\_

Any Special Billing Requirements? Yes  No

What attachments are required to be included with invoices? \_\_\_\_\_

Can Invoices be emailed in lieu of US Mail? Yes  No

If yes, please provide email address: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Accounts Payable Email: \_\_\_\_\_



# FAIRGROUNDS TRANSPORTATION

## FINANCIAL INFORMATION

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Branch Address: \_\_\_\_\_

Contact/Phone Number: \_\_\_\_\_

## TRADE REFERENCES

Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**PAYMENT TERMS ARE 30 DAYS FROM DATE OF BILL OF LADING. PLEASE NOTE THAT ALL LOADS MOVED UNDER THE MANAGEMENT OF FAIRGROUNDS TRANSPORTATION NOT PAID WITHIN TERMS ARE SUBJECT TO A LATE FEE OF 1% PER MONTH, SUBJECT TO A MINIMUM CHARGE OF 5% AFTER 60 DAYS PAST DUE.**

SIGNATURE: \_\_\_\_\_  
(AUTHORIZED COMPANY REPRESENTATIVE)

TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE AND PERSONAL GUARANTOR REQUIRED.**

SIGNATURE: \_\_\_\_\_  
(PERSONAL GUARANTOR)

TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_