TRANSGROUP WORLDWIDE LOGISTICS

TransGroup Express Inc. • Tax ID: 91-1477974 • DUNS# 628048811
TransGroup International • Tax ID: 91-1338013 • DUNS# 161469938
18850 8th Ave. S. • Suite 100 • Seattle, WA 98148
REMIT TO: PO BOX 69207 • Seattle, WA 98168
PH: 800-444-0294 • Local: 206-244-0330 • WWW.TRANSGROUP.COM

Customer Profile

Terms: Net 30 Days

Payments not received by due date may be assessed interest at 1.5% per month on the invoice amount.

Company Name (full legal name) _____ **Company Website Address** _____

☐ **Corporation** ☐ **LLC** ☐ **Partnership** ☐ **Sole Proprietor**

State _____ **Date Established** _____ **Tax ID#** _____ **DUNS#** _____

DBA's _____ **Parent Company** _____

Requested Method of Payment: ☐ In Advance ☐ Open Account

Bill To Address _____

City _____ **State** _____ **Zip** _____

Paperless Billing & Statement Email Address _____

Billing Requirements _____

Accounts Payable Contact Name _____ **Title** _____

Accounts Payable Phone Number (_____)_____ **Accounts Payable Email Address** _____

Management, Officer, or Owner Name _____ **Title** _____

Phone Number (_____)_____ **Email Address** _____

Bank Name _____ **Bank Location** _____ **Account#** _____

Bank Contact Name _____ **Bank Contact Phone Number** (_____)_____

The undersigned certifies that they are authorized to bind the company and that all information provided is true and accurate. TransGroup is hereby authorized to investigate any references, statement, or other data pertaining to credit of other financial liability. No commitment for the extension of credit should be assumed or implied by the completion and submittal of this document. The signature below acknowledges acceptance of the TransGroup Terms and Condition which are reflected on TransGroup waybills and online at www.transgroup.com which supersede all previous versions.

X_____ **Signature** _____ **Date** _____ **Printed Name/Title**

Address _____ **City** _____ **State** _____ **Zip** _____

Your Phone Number (_____)_____ **TransGroup Location or Representative Name** _____

TransGroup W9 Forms and wire/ACH instructions are available at www.transgroup.com.
Credit Department Email: accountsreceivable@transgroup.com. Please retain a copy for your records and use the TransGroup details listed above for your vendor setup information. Thank you for choosing TransGroup.

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