

NEW CUSTOMER FORM

COMPANY INFORMATION

Company Name: _____ EIN #: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Phone #: _____

Email Address: _____

Industry: _____

Project Name & Location: _____

BILLING INFORMATION

Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone #: _____

Do you allow factoring companies? Yes No

CREDIT REFERENCES

1. Company: _____ Contact: _____

Email: _____ Phone: _____

Account #: _____ Length: _____

2. Company: _____ Contact: _____

Email: _____ Phone: _____

Account #: _____ Length: _____

3. Company: _____ Contact: _____

Email: _____ Phone: _____

Account #: _____ Length: _____

BANKING INFORMATION

Bank: _____

Contact: _____

Email: _____

Phone: _____

Account #: _____

DUNS: _____

Please Mail Payments to: PO Box 398, Venice, FL 34284

Please return this form to RHAR@rockhillrail.com with a copy of any relevant tax-exempt forms.

Signature: _____

Date: _____