



RIST AMA LTL Transport ltd. Credit Application/Customer Set Up

RIST Account Executive:

RIST Transport LTL

RIST Transport Truckload

Company Information:

Company Name:

Billing Address:

PO Box:

City:

State:

Zip Code:

Contact Name:

Title:

Email:

Phone:

Type of Business: Corporation

Partnership

Individual

Years in Business:

MC #:

D-U-N-S #:

Invoice/Billing Information:

Preferred Method to Receive Invoices:

Email, Address:

API, Vendor:

EDI 210 Set up contact info:

USPS Mailing to address above

Invoicing Requirements (i.e. BOL, POD, PO#, REF#, etc.):

Accounts Payable:

Contact Name:

Title:

Email:

Phone:

Preferred Method of Payment:

ACH

Check

Credit Card

Vendor Credit Reference Information: (please provide at least two credit references)

Bank Name:

Street Address:

City:

State:

Zip Code:

Phone:

Fax:

Account #:

Vendor Business Name:

Street Address:

City:

State:

Zip Code:

Phone:

Fax:

Email:



RIST Transport Ltd. Credit Application/Customer Set Up

RIST Account Executive:

Vendor Business Name:

Street Address:

City: State: Zip Code:

Phone: Fax: Email:

Shipping/Consignee Information (if different from Billing Address):

Shipping/Receiving Hours:

Physical Address:

City: State: Zip Code:

Contact Name: Title:

Email: Phone:

**** Please provide a list of additional shipping/receiving locations on a separate page ****

CONTACTS for RIST:

Pricing/Rating Coordinator for your Company:

Name: Title:

Email: Phone:

Customer Service contact for your Company:

Name: Title:

Email: Phone:

Additional Contacts:

Name: Title:

Email: Phone:

Additional Contacts:

Name: Title:

Email: Phone:



RIST Transport Ltd. Credit Application/Customer Set Up

RIST Account Executive:

Connection/Integration Options:

Web Access – On our website you can schedule a pick up, track shipments, obtain quotes and retrieve paperwork such as BOL's, invoices, and POD's.

Contact:

Title:

Email:

Phone:

EDI – Is this an option for your company? Set up would be per RIST guidelines.

Contact:

Title:

Email:

Phone:

API – Is this an option for your company? Set up would be per RIST guidelines.

API Vendor you use:

Contact:

Title:

Email:

Phone:

Please click on Submit once this form is completed. An email will be sent to our Accounts Receivable Department, ristLTL.AR@wadhams.com with your completed application. Please attach a copy of your Bill of lading to the email or you can fax to (315) 789-8879.