



# CREDIT APPLICATION

Thank you for choosing ArcBest® as your logistics provider.  
Visit us at [arcb.com](http://arcb.com) for our full list of logistics services.

PAYMENT OF INVOICES IS DUE WITHIN 15 DAYS OF INVOICE DATE.

ArcBest Account Manager (if applicable) \_\_\_\_\_

**COMPANY INFORMATION:**

Name of Business \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Email \_\_\_\_\_

Trade Name or DBA/AKA, if applicable \_\_\_\_\_

**INVOICE PROCESS AND REQUIREMENTS:**

The default invoicing method is via email unless otherwise noted.

*\*Receiving mailed invoices may result in additional charges*

Email address used to accept invoices \_\_\_\_\_

Does your company prefer to pay by  EFT or  ACH?

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Type of Business:  Corporation  Partnership  Individual Years in Business: \_\_\_\_\_ D-U-N-S Number: \_\_\_\_\_

Individual or department responsible for the payment of freight charges: \_\_\_\_\_

Phone \_\_\_\_\_ Extension \_\_\_\_\_

Email \_\_\_\_\_

Fax \_\_\_\_\_

**INVOICE PROCESS AND REQUIREMENTS: Please describe your approval process from receipt to release of payment.**

Name of individual completing this application \_\_\_\_\_ Title/Position \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Extension \_\_\_\_\_ Date: \_\_\_\_\_

Customer agrees to ArcBest terms & conditions which are available in their entirety at our website: [www.arcb.com](http://www.arcb.com)

Thank you for choosing ArcBest.

Should you require assistance in the completion of this application, please call 844-894-9459  
between the hours of 8 a.m. and 5 p.m. CDT Monday–Friday.

**All information on this form will be held in the strictest confidence.**