



CREDIT APPLICATION

Thank you for choosing ArcBest® as your logistics provider.
Visit us at 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

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.