



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  
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# 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.

<b>Company Name</b> (full legal name)		<b>Company Website Address</b>	
<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor			
<b>State</b>	<b>Date Established</b>	<b>Tax ID#</b>	<b>DUNS#</b>
<b>DBA's</b>	<b>Parent Company</b>		

**Requested Method of Payment:**  
 In Advance  
 Open Account

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**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](http://www.transgroup.com).  
 Credit Department Email: [accountsreceivable@transgroup.com](mailto: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.