Rochester Switching Services, Inc.
400 Meridian Centre, Suite 330
Rochester, NY 14618

CREDIT APPLICATION FOR TRANSPORTATION CHARGES

APPLICATION MUST BE COMPLETED IN ITS ENTIRETY. PLEASE PRINT OR TYPE.

_____ _____
COMPANY NAME **CONTACT NAME**

_____ _____
PHYSICAL ADDRESS CITY, STATE, & ZIP **CONTACT TELEPHONE/FAX**

_____
EMAIL/BILLING MAILING ADDRESS CITY, STATE, & ZIP (If different from above)

$_____
CREDIT AMOUNT REQUESTED

STATE OF INCORPORATION _____ **YEAR OF INCORPORATION** _____

___ **INCORPORATED** ___ **LIMITED PARTNERSHIP**
___ **PARTNERSHIP** ___ **PROPRIETORSHIP**

PRIMARY COMMODITY TO BE SHIPPED:
_____

NATURE OF BUSINESS: _____

DUNS# OF CUSTOMER: _____

DUNS# OF PARENT COMPANY (if applicable) _____

NAME/PHONE NUMBER/EMAIL/TITLE OF PRINCIPAL OFFICER/PARTNER/PROPRIETOR:

_____

PHONE NUMBER & EMAIL ADDRESS FOR CREDIT CONTACT:

_____

PHONE NUMBER & EMAIL ADDRESS FOR BILLING/PAYMENT INQUIRIES:

_____

Contact: Tasha Walters (585) 463-3417
NYPA_Finance@gwrr.com / Fax (585) 785-6206

PREFERRED METHOD OF PAYMENT:

___ BANK WIRE TRANSFER **___ EFT (ACH CREDIT/DEBIT)**
___ COMPANY CHECK **___ CASHIER/CERTIFIED CHECK**

CREDIT REFERENCES:

_____
COMPANY NAME/ CONTACT PERSON TELEPHONE/FAX NUMBER

_____
COMPANY NAME/ CONTACT PERSON TELEPHONE/FAX NUMBER

_____
BANK NAME/ OFFICER'S NAME TELEPHONE/FAX NUMBER

PLEASE PROVIDE A COPY OF THE LATEST FINANCIAL STATEMENT OR ANNUAL REPORT

In submitting this application, Customer agrees to the following:

To pay all undisputed charges billed by the Rochester Switching Services, Inc. so that payment in full is received by Rochester Switching Services, Inc. within 15 days of the date of each bill for freight charges, within 15 days of each bill for demurrage and other accessorial charges.

Rochester Switching Services, Inc. may, at its discretion, suspend Customer's credit, and either party may cancel this Credit Agreement at any time for any reason, upon notice to the other party. Notice may be written, electronic, or oral if confirmed in writing or electronically, at the place of business noted herein.

Customer represents that the information submitted by it is accurate and will be updated by Customer to keep it so.

Customer will provide additional information to Rochester Switching Services, Inc. upon request.

This Credit Agreement has been executed by their duly authorized officers, and may only be waived or modified by a written amendment.

Accepted and Agreed

_____
APPLICANTS MANUAL SIGNATURE **TITLE** **DATE**

Applicants signature authorizes credit references to release credit information to Rochester Switching Services, Inc. and applicants agreement to comply with all CFR credit regulations and Rochester Switching Services, Inc. credit terms.

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