HRCP II Credit Application

OUR TERMS ARE NET, 30 DAYS

Past due invoices are subject to a 1.5% monthly service charge. When making payments by ACH or wire transfer, please submit invoice details via email to invoicedetailshrcp@vit.org.

Terminal Locations: Newport News Marine Terminal, Norfolk International Terminals, Portsmouth Marine Terminal, Virginia Inland Port, Virginia International Gateway and Richmond Marine Terminal.

Company Name	
Address (NO P.O. BOXES)	
City	
State	
Zip Code	
Owner(s) Name & Email Address	
Phone number	
Fax number	
Corporate/Parent Address	
Nature of Business	
Federal Tax ID #	
MC or DOT #	
Years in Business	
General Manager/Administrator	
Email address	

Accounts Payable Contact			
Accounts Payable Email address			
Bank Name			
Bank Phone number			
Branch Address			
Required: Provide a letter from bank to verify actiletterhead and be signed by a bank employee/offi		ccount. Lette	er must on the bank's
Active member of the UIIA?	Yes	No	
SCAC code for HRCP			
Had any previous business entities with HRCP?	Yes	No	
Previous shareholders or members from the previ	ous entiti	es	
Business names from previous entities			
Will you be using an Agent?	Yes	No	
If yes, the following must be provided (information	on will be	verified wit	h Port Police):
Agent's Name(s)			
Agent's Phone Number			
Agent's Email Address			
Has the Agent ever have an account with HRCP II?		Yes	No
If yes, provide company name and SCAC			

If you are using more than one Agent, you must provide their information as well.

References will be verified. No personal, trucking, logistics or insurance company credit references. Business and financial credit references only. One credit reference must be a bank, financial institution or finance company. Minimum of six months payment history is required. All references must respond.

Reference 1			
Name	 	 	
Address			
Phone			
Email address	 	 	
Reference 2			
Name	 	 	
Address	 	 	
Phone	 	 	
Email address	 		
Reference 3			
Name			
Address	 		
Phone	 	 	
Email address			

I hereby certify that the information contained herein is complete and accurate. This information has been
furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be
extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release
necessary information to the company for which credit is being applied for in order to verify the information
contained herein.

Printed name		
Signature		
Title	 	

Email completed credit application, W-9 form and canceled check or bank letter to: hrcpcreditapplication@vit.org (send as a "secure" email) include the word "secure" in the subject line.

^{**}All line items are required. Incomplete credit application will be rejected**

^{***}All owners/partners must be identified on the application***

^{****}Active membership to the UIIA is required at the time of credit application submission****