



TranSource Group

2630 Tamarac Place

South Bend, IN 46615

DELIVERY \* SALES \* TRANSPORT

[WWW.TranSourceGroup.com](http://WWW.TranSourceGroup.com)

574.300.8918

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### ACCOUNT APPLICATION FORM

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When applying for charge/credit accounts this entire form must be completed and signed.

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### COMPANY INFORMATION

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\*Company Name: \_\_\_\_\_

\*DBA (If different): \_\_\_\_\_

\*Owner Name: \_\_\_\_\_

\*Company Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_

\*Phone: \_\_\_\_\_ \*Cell: \_\_\_\_\_

\*Email: \_\_\_\_\_ \*Fax: \_\_\_\_\_

\*Federal Tax ID # : \_\_\_\_\_ or SSN # : \_\_\_\_\_

\*Type of Business (Select One): Corporation: \_\_\_\_\_ LLC: \_\_\_\_\_ Partnership: \_\_\_\_\_ Other: \_\_\_\_\_

IF other, explain: \_\_\_\_\_

Account Type Requested (Select One): Charge: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_ \*Cash/ PIA: \_\_\_\_\_  
(Pay in Advance)

\*Date Business Established: \_\_\_\_\_

\*Accounts Payable: \*Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

\*Authorized Purchasers: \_\_\_\_\_

Purchase Order Required: YES: \_\_\_\_\_ NO: \_\_\_\_\_