

HRCP 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. Please send your W-9 to accountreceivable@portofvirginia.com in addition to completing this form.

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 _____

Attention _____

Phone number _____

Fax number _____

Email address _____

Corporate/Parent Address _____

Nature of Business _____

Federal Tax ID # _____

MC or DOT # _____

Years in Business _____

General Manager _____

Accounts Payable Contact _____

Bank Name _____

Bank Phone number _____

Branch Address _____

SCAC code for HRCP _____

Had any previous business entities with HRCP? Yes No

Previous shareholders or members from the previous entities _____

Business names from previous entities _____

References will be verified. References must respond.

Reference 1

Name _____

Address _____

Phone _____

Email address _____

Reference 2

Name _____

Address _____

Phone _____

Email address _____

Reference 3

Name _____

Address _____

Phone _____

Email address _____