

# Customer Profile Form



## Customer Information

NAME OF BUSINESS\*

DBA

PHYSICAL ADDRESS\*

CITY\*

STATE\*

ZIP CODE\*

WEBSITE URL

# OF LOCATIONS

## Accounts Payable Contact

AP CONTACT NAME\*

AP EMAIL ADDRESS\*

ALTERNATIVE INVOICING EMAIL ADDRESS

AP PHONE\*

(EXT)

AP FAX

## Business Descriptions

FEDERAL TAX ID\*

DUNS NUMBER

BUSINESS TYPE

COMMODITIES TO BE HAULED

MONTHLY PROJECTED VOLUME

REQUESTED CREDIT LIMIT: \$10,000 / \$25,000 / \$100,000

## Traffic Manager Contact

TRAFFIC MANAGER NAME

EMAIL ADDRESS

TRAFFIC PHONE

TRAFFIC FAX

## Billing Information *\*Required*

BILLING ADDRESS\*

CITY\*

STATE\*

ZIP CODE\*

### NET Terms *\*Required*

Please select one of the below:

NET 10  
NET 20  
NET 30 (DEFAULT)  
OTHER \_\_\_\_\_

### POD Required? *\*Required*

Please select one of the below:

YES  
NO

### Invoice Method *\*Required*

Please select one of the below:

EMAIL (DEFAULT)  
SYSTEM ENTRY (SEE BELOW)

### Payment Method *\*Required*

Please select one of the below:

CHECK  
ACH  
OTHER \_\_\_\_\_

### Payment Frequency *\*Required*

Please select payment processing frequency:

DAILY  
WEEKLY  
OTHER \_\_\_\_\_

If 'System Entry' is selected above for 'Invoice Method' please complete the following:

SYSTEM NAME:

POINT OF CONTACT (NAME, EMAIL):

DIRECTIONS TO GET SETUP ON SYSTEM (PROVIDE USER GUIDE IF AVAILABLE):

## CREDIT REFERENCES *(Providing references will speed up the approval process and potentially allow a higher credit limit in the future)*

	COMPANY NAME	CONTACT NAME	CONTACT PHONE	EMAIL ADDRESS
1.				
2.				
3.				

Our fleet, along with motor carriers under contract with Windmill Transport are required to provide proof of, and maintain a cargo loss and damage liability insurance of \$100,000.00 per shipment. Please sign below acknowledging that loads valued in excess of \$100,000.00 will not be tendered without enough prior written notification to Windmill Transport to allow us and our carriers the opportunity to arrange for increased insurance limits. Failure to provide timely written notice will result in your loads not being insured to the extent the value exceeds \$100,000.00.

WMT carries \$10,000 per shipment in LTL insurance coverage. Failure to provide timely written notice of LTL shipment value will result in loads not having proper coverage in the extent the value exceeds \$10,000.

NAME (PRINT): \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

Email this completed form to: [credit@shipwmt.com](mailto:credit@shipwmt.com)

Remittance Address: [AR@shipwmt.com](mailto:AR@shipwmt.com) | Mailing Address: PO Box 18, Zeeland, MI 49464