



CREDIT APPLICATION

Thank you for choosing ArcBest as your logistics provider.
Visit us at arcb.com for our full list of logistics services.

PAYMENT OF INVOICES IS DUE WITHIN 15 DAYS OF INVOICE DATE.

ArcBest Account Manager (if applicable) _____

COMPANY INFORMATION:

Name of Business _____

Phone _____ Fax _____

Street Address _____

City _____ State _____ ZIP/Postal Code _____ Country _____

Email _____

Trade Name or DBA/AKA, if applicable _____

INVOICE PROCESS AND REQUIREMENTS:

The default invoicing method is via email unless otherwise noted.

**Receiving mailed invoices may result in additional charges*

Email address used to accept invoices _____

Does your company prefer to pay by EFT or ACH?

Street Address _____

City _____ State _____ ZIP/Postal Code _____ Country _____

Type of Business: Corporation Partnership Individual Years in Business: _____ D-U-N-S Number _____

Individual or department responsible for the payment of freight charges: _____

Phone _____ Extension _____

Email _____

Fax _____

INVOICE PROCESS AND REQUIREMENTS: *Please describe your approval process from receipt to release of payment.*

Name of individual completing this application _____ Title/Position _____

Email _____

Phone _____ Extension _____ Date _____

Customer agrees to ArcBest terms & conditions which are available in their entirety at our website: www.arcb.com.

Thank you for choosing ArcBest.

Should you require assistance in the completion of this application, please call 844-894-9459
between the hours of 8 a.m. and 5 p.m. CDT Monday–Friday.
All information on this form will be held in the strictest confidence.