

Application for Credit

Company Name _____				
Ship/Del. Address _____	City _____	State _____	Zip _____	
Phone Number (____) _____	Description of Business _____			
Corporation _____	Partnership _____	Individual _____	D.U.N.S. # _____	
No. of Years Established _____	Amount of Credit Requested \$ _____			
Year of Incorporation _____	State of Incorporation _____			
Name and Address of Parent Company _____				

Payment Data

1.	Freight Bills Should Be Mailed To _____
2.	Accounts Payable Supervisor _____
3.	Phone Number _____
4.	Billing Requirements _____

Principal Owners – Stockholders – Partners – Officers of Company

NAME	MAILING ADDRESS	CITY	STATE	TITLE

References (Other Transportation Companies Preferred)

NAME	MAILING ADDRESS	CITY	STATE	ZIP CODE

Bank References

1.	BANK NAME	MAILING ADDRESS	CITY	STATE	ZIP CODE
	Banking Official _____	Type of Account _____	Bank Account _____	Phone _____	
2.	BANK NAME	MAILING ADDRESS	CITY	STATE	ZIP CODE
	Banking Official _____	Type of Account _____	Bank Account _____	Phone _____	

To the best of my knowledge the above statements are true. My signature below A) indicates my permission to obtain credit information from the sources referenced and B) attests financial responsibility and willingness to pay invoices in accordance with terms.

Authorized Signature
Title
Date