CREDIT APPLICATION

COMPANY INFORMATION

COMPANY NAME

STREET ADDRESS | *CITY* | *STATE* | *ZIP CODE*

NATURE OF BUSINESS | *YEARS IN BUSINESS*

ORGANIZED AS: (CHECK ONE) ☐ CORPORATION ☐ PARTNERSHIP ☐ PROPRIETORSHIP | *STATE INCORPORATED*

PRESIDENT AND/OR OWNER | *VP*

BILLING/PAYMENT INFORMATION

BILLING ADDRESS (IF DIFFERENT FROM ABOVE) | *CITY* | *STATE* | *ZIP CODE*

WHO PAYS YOUR BILLS? | *PHONE NO.*

MONTHLY TRANSPORTATION BUDGET $ | *WITH MAT (ESTIMATE $)* $

DUN & BRADSTREET NO. | *ACCOUNTING CYCLE (DESCRIBE YOUR COMPANY'S PAYMENT PRACTICES UPON RECEIPT OF AN INVOICE)*

SPECIAL BILLING INSTRUCTIONS? IF YES, PLEASE EXPLAIN (IF NECESSARY CONTINUE ON REVERSE)

FREIGHT PAYMENT PLAN

FREIGHT PAYMENT PLAN (IF ANY)

ADDRESS | *CITY* | *STATE* | *ZIP CODE*

CONTACT | *PHONE NO.*

BANK REFERENCES

NAME | *LOCATION* | *ACCOUNT NO.*

CONTACT | *PHONE NO.*

NAME | *LOCATION* | *ACCOUNT NO.*

CONTACT | *PHONE NO.*

TRADE REFERENCES

CARRIER | *CONTACT* | *PHONE NO.*

CARRIER | *CONTACT* | *PHONE NO.*

CARRIER | *CONTACT* | *PHONE NO.*

ENDORSEMENT AND SIGNATURE ON THIS CREDIT APPLICATION IS AN AGREEMENT OF ALL TERMS AND CONDITIONS OF CONTRACT.

SIGNATURE | ***DATE***

TITLE

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