



**Credit Application**

***BUSINESS CONTACT INFORMATION***

<b>Company Name:</b>			
Phone:	Fax:	E-mail:	
Registered Company Address:			
City:	State:	Zip Code:	
Date Business Commenced:			
Sole Proprietorship:	Partnership:	Corporation:	Other:

***BUSINESS AND CREDIT INFORMATION***

<b>Mailing Address:</b>		
City:	State:	Zip Code:
Phone:	Fax:	E-mail:
A/P Contact:		

***BANKING INFORMATION***

<b>Bank Name:</b>		
Address:		
City:	State:	Zip Code:
Type of Account (Circle):	Account Number:	
Savings	Contact Person:	
Checkings		

***BUSINESS/TRADE REFERENCES***

<b>Company Name:</b>		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	E-Mail:
Type of Account:		

<b>Company Name:</b>		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	E-Mail:
Type of Account:		

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Address:		
City:	State:	Zip Code:
Phone:	Fax:	E-Mail:
Type of Account:		



## Credit Application

### *Agreement*

1. All invoices are to be paid within 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Freightx to make inquires into the banking and business/trade references that you have supplied.

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**Company Name**

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**Signature**

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**Printed Name**

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**Date**