

## **APPLICATION FOR CREDIT**

Company nam	e & Billing address:		
S			
		Fax Number:	
		Federal Tax ID #:	
Business Type ( S	Corporation, C Corporation,	Sole Proprietor, General Partnership)	
Accounts Payable Contact Name:		* Date Business Started:	
Names	of the officers/owners		
Bank Reference:	Dank Nama	Account Number:	
	Contact Name:	Phone Number:	
Trucking	/Trade references:		
	Name:		
		FAX Number:	
		Phone Number:	
	Name:		
	Address:		The state of the s
		FAX Number:	And the second s
		Phone Number:	
	Name:		
	Address:		
	Contact Name:	FAX Number:	
		Phone Number:	
of obtaining credit and is a pertaining to my/our credi	warranted to be true. I/We hereby a tand financial responsibility.	ion on behalf of the customer named above, and the information provided is uthorize Freight Arrangers to investigate the references listed and to run a cr	redit report
the interest rate will be the Any disputed items must	e lower of whatever the rate is or the be brought to our attention within 15	days of the invoice date.	
collection and / or attorne	y's fees in making such collections.	um has to be collected upon demand by an attorney,the customer agrees to p	ay reasonable
		if they were originals. Statutes are on record that cite this admissibility pies of Business and Public Records as Evidence Act UPA28USCpl732).	
If the provisions of our rat		between the parties conflict with the terms of this contract, the terms and con	nditions of this
contract shall govern.			
		Date: Title:	
	high has along all his are Office of the C		
	lust be signed by an Officer of the C <b>s of what paperwork is</b>	ompany) s required for prompt payment ?	