

# EZ FREIGHT SERVICE

## EZ FREIGHT SERVICE LLC CREDIT APPLICATION

### BILLING ADDRESS:

Company Name:

Contact Name:

Phone:

Email:

Street Address:

City:

State:

ZIP Code:

### SHIPPING ADDRESS (IF DIIFERENT THAN BILLING ADDRESS):

Company Name:

Contact Name:

Phone:

Email:

Street Address:

City:

State:

ZIP Code:

### GENERAL INFORMATION:

Federal Tax ID:

Dun & Bradstreet #:

Contact Name:

Contact Name:

Title:

Phone:

Email:

Residential

Commercial

(Select One)

Credit Amount Desired:

### BANK INFORMATION:

Bank Name:

Account Number:

Account Type:

Bank Address:

Branch Name:

Bank Contact:

City:

State:

ZIP Code:

### TRADE REFERENCES:

Business Name

Account no.

Contact Name

Contact Phone

All invoices are to be paid 15 days from the date of invoice. Claims arising from invoices must be made within 7 working days. I authorize EZ FREIGHT SERVICE LLC to verify and make inquiries into the information provided on this form as to my credit, banking and trade references that have been supplied.

Customer Signature:

Date:

I agree to the terms as stated above

### ACCEPTANCE AND APPROVAL (OFFICE USE ONLY):

Name:

Date:

Approved Credit Limit: