Credit Application (Required fields are in bold)

Company Information	on Select or	Corporation Partnership Limited Partnership Proprietorship Other	
	Dun & Bradstreet Numb	per	
	Exact Name of Busine	ess	
	Street Name of Busine	ess	
	Street Address Business Locati		
		Sity	
		ate	
	Z	Zip	
Billing Information Perso	Billing Add on to Contact in Accounts Pay Payable Phone Nur Fax Nur Email Add	City State Zip /able mber mber	
Business Information			
Date Business Began		Principal Owner or Authorized	
Line of Business		Officer of Business	
Number of Employees		Monthly Credit Required	
Annual Sales			
Parent Company		Please list all of your business	
Address		names and	
City		addresses that will be shipping	
State			
Zip			

Trade References Trade Reference 1 Trade Reference 2 Name Name **Account Number Account Number Phone Number Phone Number** Address Address City City State State Zip Zip **Transportation Provider Banking Institution** Name Name **Account Number Account Number Phone Number Phone Number** Address Address City City State State Zip Zip

Credit Terms & Conditions

Authorized Signature - Please Print

The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility. A copy of this document shall be as the original.

On behalf of our company, I certify that we agree to pay all invoices within 30 from from invoice date. Further we certify that we are familiar with and agree to abide by the DOT/Surface Transportation Board rules and regulations pertaining to the payment of transportation and other tariff charges. If carrier is forced to utilize an outside collection source, all applicable discounts and allowances will be revoked resulting in collection of gross charges.

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Date

I agree that the above authorized name in printed form constitutes my signature in electronic format