

# BUSINESS CREDIT APPLICATION



## BUSINESS INFORMATION

Company Name/ dba		Federal Tax ID	
Corporate Address			
City		State	Zip Code
Phone	Fax	E-mail	

## BILLING INFORMATION

Billing address			
City		State	Zip Code
A/P Contact		Phone	Fax
Billing E-mail			

## TRADE REFERENCES

Business Name		Contact Person	
Address		Phone	Fax
City	State	Email	
Zip			

Business Name		Contact Person	
Address		Phone	Fax
City	State	Email	
Zip			

Business Name		Contact Person	
Address		Phone	Fax
City	State	Email	
Zip			

## TERMS

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the trade references listed in this credit application to release all information needed to make such credit determination. If credit is granted, I agree to the following terms and conditions.

1. All invoices are to be paid 30 days from the date of the invoice.
2. Accounts with an outstanding balance over 30 days may be placed on credit hold.
3. Claims arising from a load must be made within 30 days of the delivery date.
4. All invoices will be emailed to the email address listed herein.
5. I have company authorization to sign this credit application.

## SIGNATURE

\_\_\_\_\_  
Signature-Title-Printed Name

\_\_\_\_\_  
Date