

CREDIT APPLICATION

SALES REP. _____

COMPANY NAME: _____ ADDRESS: _____
 TELEPHONE: () _____ CITY/STATE: _____
 FAX NO: () _____ ZIP: _____
 BUSINESS TYPE: _____ PROPRIETORSHIP _____ PARTNERSHIP _____ INCORPORATION
 ANNUAL SALES: _____ PRESIDENT: _____
 COMPTROLLER: _____ A/P CONTACT: _____
 YEARS IN BUSINESS: _____ BANK NAME & ADDRESS: _____

CARRIER/SUPPLIER REFERENCES

| | | |
|------------------|------------------|------------------|
| NAME _____ | NAME _____ | NAME _____ |
| ADDRESS: _____ | ADDRESS: _____ | ADDRESS: _____ |
| PHONE: () _____ | PHONE: () _____ | PHONE: () _____ |
| FAX: () _____ | FAX: () _____ | FAX: () _____ |

SHIPPING INFORMATION:

SHIPPER/RECEIVER CONTACT: _____ SPECIAL SHIPPING INSTRUCTIONS _____
 SHIPPING HOURS: _____ AM to _____ PM (Circle) M T W T H F S S U
 (CIRCLE) IMPORTS EXPORTS BOTH DESCRIPTION OF PRODUCT
 LTL FULL LOAD _____
 IMPORT BROKER: _____ EXPORT BROKER: _____
 AFTER HOURS CONTACT _____ AFTER HOURS PH # _____
 BILL TO ADDRESS IF DIFFERENT FROM ABOVE: _____

**I AGREE TO (7) SEVEN DAY TERMS OF PAYMENT ON RECEIPT OF INVOICE,
 IF UNACCEPTABLE, OUR AGREED TERMS ARE _____ DAYS.**

I Certify that the information on this application is correct. I have been made aware that any accounts to the extent of 30 days or more, are subject to an overdue interest charge of two percent per month.

DATE: _____
 NAME: _____
 TITLE: _____ Signature

OFFICE USE ONLY

CHECKED BY: _____
 REVIEW: _____
 DISPATCHER: _____

**PLEASE COMPLETE IN FULL AND RETURN
 VIA FAX TO THE ATTENTION OF :
 ACCOUNTING AT 1-226-421-9912**