

Cheeseman Trucking, Inc.

Application for Credit

INFORMATION			DESCRIPTION OF BUSINESS		
NAME OF BUSINESS			NO. OF EMPLOYEES	CREDIT REQUESTED	TYPE OF BUSINESS
LEGAL (IF DIFFERENT)			IN BUSINESS SINCE		
ADDRESS			BUSINESS STRUCTURE		
CITY			<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> DIVISIONS/SUBSIDIARY		
STATE	ZIP	PHONE	PARENT COMPANY _____		
			IN BUSINESS FOR _____		

BILLING INFORMATION			ACCOUNTS PAYABLE CONTACT		
NAME OF BUSINESS			CONTACT	TITLE	EMAIL
ATTENTION			PHONE	FAX	D-U-N-S CODE
ADDRESS			IN THE EVENT YOU USE THIRD PARTY PAYMENT SERVICES, YOU ARE PLACING YOUR COMPANY'S CREDIT REPUTATION IN THE HANDS OF OTHER PARTIES AND ULTIMATELY REMAIN RESPONSIBLE FOR TIMELY PAYMENT OF INVOICES REGARDLESS OF ANY AGREEMENTS YOU MAKE WITH THE THIRD PARTY. PAYMENT MUST BE MADE IN ACCORDANCE WITH THE TERMS OF THE TARIFF CONTRACT AND/OR RULES TARIFF WHICH IS 15 DAYS. NON-PAYMENT OF INVOICES MAY BE CAUSE FOR SUSPENSION OF CREDIT AND OTHER PENALTIES.		
CITY					
STATE	ZIP	PHONE			

COMPANY PRINCIPALS RESPONSIBLE FOR BUSINESS TRANSACTIONS			
NAME	TITLE	ADDRESS	PHONE
NAME	TITLE	ADDRESS	PHONE
NAME	TITLE	ADDRESS	PHONE

REFERENCES	
NAME OF BANK	NAME TO CONTACT
BRANCH	ADDRESS
CHECKING ACCOUNT NO.	TELEPHONE NUMBER.

TRADE REFERENCES			
FIRM NAME	CONTACT NAME	TELEPHONE NUMBER	ACCOUNT OPEN SINCE

ADDITIONAL SHIPPING LOCATIONS		
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY

I hereby certify that the information in this credit application is correct. The information included in this credit application is to be used to determine the amount and conditions of credit to be extended. I understand that the other sources of credit considered necessary in making the determination may also be used. Further, I hereby authorize the bank and trade references listed in this credit application to release the information necessary to assist in establishing a line of credit.

X

SIGNATURE _____

TITLE _____

DATE _____

FOR INTERNAL USE ONLY

SUBMITTED		DISPOSITION		
ACCOUNT EXECUTIVE NAME		DATE	CREDIT AMOUNT	ACCOUNT EXEC NOTIFIED
ACCOUNT EXECUTIVE NUMBER		<input type="checkbox"/> CREDIT APPROVED BY _____		
TERMINAL	AIRPORT IDENTIFIER	ASSIGNED ACCOUNT NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
DATE		<input type="checkbox"/> CREDIT DISAPPROVED BY _____		
<input type="checkbox"/> NEW APPLICATION	<input type="checkbox"/> REVISED APPLICATION	<input type="checkbox"/> FORWARDED TO RATIONALIZATION COMMITTEE		
REASON FOR DISAPPROVAL				