



CREDIT APPLICATION

The information requested on this form is for the sole and confidential review by All Cartage Transportation Incorporated, and not to be released to any outside parties.

NAME OF COMPANY: _____ DATE ESTABLISHED: _____

ADDRESS: _____

CORPORATION: _____ PARTNERSHIP: _____ SOLE PROPRIETORSHIP: _____

IF CORPORATION, PLEASE SUPPLY EIN # _____

IF PARTNERSHIP/SOLE PROPRIETORSHIP, PLEASE SUPPLY SS# _____

BILLING ADDRESS: _____

(Street and/or P.O. Box, City, State, Zip)

Telephone No: _____ Fax No: _____

PRINCIPAL CONTACT: _____

(Title)

ACCOUNTS PAYABLE CONTACT: _____

(Title)

BANK INFORMATION: _____

(Name)

(Account No)

(Address)

(Contact)

(Telephone No)

(Fax No)

TRADE SUPPLIERS (OR ANY LOCAL CREDIT REFERENCES, PLEASE):

(Name) (Tel No)

(Address) (Fax No)

(Name) (Tel No)

(Address) (Fax No)

(Name) (Tel No)

(Address)

(Fax No)

FORM COMPLETED BY: _____
(Name) (Title) (Date)