

MC-187090
APPLICATION FOR CREDIT

NAME & ADDRESS OF COMPANY OR INDIVIDUAL: _____ MOTOR CARRIER NUMBER: _____

NO./STREET: _____ PHONE#: _____

CITY/STATE/ZIP: _____ FAX#: _____

DUNNS: _____ FED I.D.#: _____ YEARS IN BUSINESS: _____

ACCOUNTS PAYABLE CONTACT: _____ ARE P.O.D.s REQUIRED FOR PAYMENT? Y/N
ARE YOU ABLE TO RECEIVE INVOICES AND P.O.D.s VIA EMAIL? Y/N

BUSINESS STRUCTURE: _____ CORPORATION _____ PRIOPRIETORSHIP _____ PARTNERSHIP: _____
(check one)
_____ Other (Explain) _____

IF PARTNERSHIP/PROPRIETORSHIP PRINCIPLES NAME: _____ TITLE: _____
_____ TITLE: _____

BANK REFERENCE

BANK NAME: _____ OFFICER: _____

BANK ADDRESS: _____ PHONE: _____

BUSINESS REFERENCES EXTENDING CREDIT

NAME: _____ PHONE: _____

ADDRESS: _____ CONTACT: _____

NAME: _____ PHONE: _____

ADDRESS: _____ CONTACT: _____

TRANSPORTATION REFERENCES EXTENDING CREDIT

NAME: _____ PHONE: _____

ADDRESS: _____ CONTACT: _____

NAME: _____ PHONE: _____

ADDRESS: _____ CONTACT: _____

BY: _____ DATE: _____

FAX BACK TO 718-620-0083 TITLE: _____