

CREDIT APPLICATION

COMPANY NAME _____

ADDRESS _____

BILLING ADDRESS _____

TELEPHONE # _____ FAX # _____

OWNER/PRESIDENT: _____

YEAR ESTABLISHED _____ FED TAX ID _____

TYPE OF BUSINESS _____

ACCT PAYABLES REP: _____ E-MAIL _____

BANK REFERENCES:

NAME _____

ADDRESS _____

BANK OFFICER _____

TELEPHONE NUMBER _____

CREDIT REFERENCE: (NAME, ADDRESS, TELEPHONE & FAX NUMBER)

1. _____

2. _____

3. _____

4. _____

ALL INVOICES ARE NET 30.

WE MUST RECEIVE THIS APPLICATION BEFORE SERVICE IS RENDERED.

THANK YOU FOR YOUR BUSINESS.

Japene Sterling
CREDIT DEPT.
504-245-23-53
504-734-7901fax
Transportation Consultants, Inc.
dba TCI Trucking