

ESSENTIAL FREIGHT

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Credit Application

*** The information requested on this form is for the sole and confidential review of Essential Freight and is not to be released to any outside parties. *** **All information MUST be provided in order to qualify for a credit account with Essential Freight.**

Company Name: _____
(Name must be exactly as shown on business license.)

Phone: () _____

Address: _____

Fax: () _____

City: _____ ST _____ zip _____

Trade: _____ Years in Business _____

E-MAIL CONTACT INFO: _____

OWNERSHIP INFORMATION

***** THIS INFORMATION MUST BE PROVIDED *****

CORPORATE NAME MUST MATCH EXACTLY AS FILED WITH THE SECRETARY OF STATE FOR YOUR DBA BUSINESS NAME!!!!!!!!!!!!!!

Partnership _____ Corporation _____ Individual _____

Name of Corporation: _____ DBA _____

Name of Principal	Address	City/State	Zip	Phone Number
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LIST THREE TRADE REFERENCES BELOW

Company _____ Phone Number () _____

Address _____ Contact: _____

Company _____ Phone Number () _____

Address _____ Contact: _____

Company _____ Phone Number () _____

Address _____ Contact: _____

BANK REFERENCE

Bank Name: _____ Phone # (____) _____

Address: _____ City _____ ST _____ zip _____

Contact: _____ Title: _____

Type of Account _____ Account Number _____

FACTOR INFORMATION

If your account is controlled by or assigned to a factor, they must be aware that as your factor, they are party to any shipment as a beneficial owner of the merchandise and must agree to all terms and conditions of Essential Freight Contract of Carriage with signature by authorized representative of Factor.

NAME OF FACTORING COMPANY: _____

Address: _____ Phone # (____) _____

City _____ ST _____ zip _____ Fax # (____) _____

Authorized Signature: _____ Print Name: _____
AUTHORIZED BY FACTOR

BILLING INFORMATION

Does your company pay their own invoices directly or do you have an outside service group who pays them? PAY OWN _____ SERVICE _____

Bill to Name _____ Phone # (____) _____

Address: _____ Fax # (____) _____

City _____ ST _____ zip _____ Contact: _____

We, the above named company and its representatives, acknowledge the payable terms and conditions and understand that failure to pay invoices in full within terms will result in forfeiture of any discounts allowed on the invoice and possible lien on future shipments. Failure to remit payment within the agreed terms may also result in the above named company incurring all costs associated with collecting past due invoices. (I.E. attorney fees, court fees, etc...)

I hereby authorize Essential Freight to obtain and verify any of the information contained herein or as may otherwise be necessary to process the credit application and establish my account with Essential Freight. I further state the information contained herein to be true and correct to the best of my knowledge.

SIGNATURE _____ TITLE _____
AUTHORIZED SIGNATURE ONLY

Print Name: _____ Date: _____

