

CREDIT APPLICATION

ADMIN@CRBTRANS.COM



BUSINESS CONTACT INFORMATION

Title:		Date business commenced:	
Company name:		<input type="checkbox"/> Sole proprietorship	
Phone Fax:		<input type="checkbox"/> Partnership	
E-mail:		<input type="checkbox"/> Corporation	
Registered company address City, State ZIP Code		<input type="checkbox"/> Other	

BUSINESS AND CREDIT INFORMATION

City, State ZIP Code:		Bank name:	
How long at current address?:		Primary business address City, State ZIP Code	
Phone:		Credit amount \$:	
Fax:		Other:	
Account Payable Email:			

BUSINESS/TRADE REFERENCES

Company name:		Phone	
Address;		Fax	
City, State ZIP Code;		E-mail	
<i>Company name;</i>		<i>Phone</i>	
<i>Address:</i>		<i>Fax</i>	
<i>City, State ZIP Code:</i>		<i>E-mail</i>	
Company name:		Phone	
Address:		Fax	
City, State ZIP Code:		E-mail	

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize CRB TRANSLOGISTICS to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	