



# Application for Credit

COMPANY NAME \_\_\_\_\_

SHIP/DEL. ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER (\_\_\_\_) \_\_\_\_\_ FAX NUMBER (\_\_\_\_) \_\_\_\_\_ LINE OF BUSINESS \_\_\_\_\_

CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ INDIVIDUAL \_\_\_\_\_ D.U.N.S. # \_\_\_\_\_

NO. OR YEARS ESTABLISHED \_\_\_\_\_ AMOUNT OF CREDIT REQUESTED \$ \_\_\_\_\_

YEAR OF INCORPORATION \_\_\_\_\_ STATE OF INCORPORATION \_\_\_\_\_

NAME & ADDRESS OF PARENT COMPANY \_\_\_\_\_

## Payment Data

1. FREIGHT BILLS SHOULD BE MAILED TO \_\_\_\_\_

2. ACCOUNTS PAYABLE SUPERVISOR \_\_\_\_\_

3. PHONE NUMBER (\_\_\_\_) \_\_\_\_\_ 4. FAX NUMBER (\_\_\_\_) \_\_\_\_\_

5. BILLING REQUIREMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Principal Owners - Stockholders - Partners - Officers of Company

NAME	MAILING ADDRESS	CITY	STATE	TITLE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Bank References

BANK NAME	MAILING ADDRESS	CITY	STATE	ZIP CODE
1. _____	_____	_____	_____	_____
BANKING OFFICIAL _____	TYPE OF ACCOUNT _____	BANK ACCOUNT# _____		
PHONE (____) _____	FAX (____) _____			

**Notice:** The Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has, in good faith, exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with the law concerning this credit is the Federal Trade Commission, Division of Credit Practices, 6<sup>th</sup> and Pennsylvania Avenue, NW, Washington, DC 20580.

To the best of my knowledge the above statements are true. My signature below A) indicates my permission to obtain credit information from the sources referenced and B) attests financial responsibility and willingness to pay invoices in accordance with terms.

*Credit terms are 30 days unless otherwise specified in a written contract.*

\_\_\_\_\_  
 Authorized Signature Title Date

PLEASE SUBMIT THE COMPLETED FORM TO Atlantic Coastal Trucking