

For Internal Use Only: Limit:

CREDIT REQUEST

New Customer:	
Current Customer:	
Current Account#:	

ADP:

Want:

Line of Credit Requested:		Credit Release #			
Line of Credit Extended:		Date:			
Approvals:		Terminal:			
Shipment Information					
Number of Shipments:	(Day – Week –	- Month)			
Credit Check Requested For:					
Business Name:		Fed Tax ID #			
Address:(Street)	(City)		(State)	(Zip Code)	
Duns #			959	(2,6 6646)	
Contact:			Thone.		
	Has the firm or any of its P				
Years In Business:					
EDI Capable: Yes No		ULSI Cus	tomer #		
Required Customer Documenta	tion for Freight Payment:				
Bill of Lading:	Delivery Receipt:				
<u>Customer References</u> :					
(Name)	(Address)		(Phone)		
(Name)	(Address)		(Phone)		
(Name)	(Address)		(Phone)		
Bank Reference:					
(Name)	(Address)		(Phone)		
(Account Number)	(Contact)				
	RETURN COMPLETED CREDI	IT FORM TO: (586	5) 920-0931		

Balance: