



# Credit Application

Company Name:

---

Address:

City:

State:

Zip:

---

Number of years in business:

Number of years at this address:

---

Contact Name:

---

Business Type:

Corporation

Partnership

Individual

Partnership

Accounts Payable Contact:

---

Phone:

Email:

Fax:

---

Invoice Fax:

Invoice Email:

---

Bank Name / Branch Address

---

Bank Contact Name & Phone:

---

Three Local References Name, Address & Phone:

---

---

---

I (WE) HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, AND THAT WE CAN AND WILL COMPLY WITH PREMIER TRANSPORT'S TERMS. TERMS: FEDERAL REGULATIONS REQUIRE THAT FREIGHT BILLS BE PAID WITHIN 7 DAYS. OUR TERMS REQUIRE THAT ALL BILLS BE PAID WITHIN 30 DAYS.

X

Date:

---