

**CREDIT APPLICATION FORM**

Business Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

A/P Phone#: \_\_\_\_\_ A/P Fax#: \_\_\_\_\_

A/P Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Year Started: \_\_\_\_\_ Owner(s): \_\_\_\_\_

Business Type: \_\_\_\_\_ Organization Type: \_\_\_\_\_ Private \_\_\_\_\_ L.L.C  
\_\_\_\_\_ Corp. \_\_\_\_\_ Partner

How soon do you pay after receipt of invoice? \_\_\_\_\_ Days.

**TRADE REFERENCES (TRUCKING COMPANIES)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
City, State/Prov, Zip/Postal: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
City, State/Prov, Zip/Postal: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
City, State/Prov, Zip/Postal: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
City, State/Prov, Zip/Postal: \_\_\_\_\_  
Account# \_\_\_\_\_ Manager: \_\_\_\_\_

The above information is warranted to be true. I/We hereby authorize our credit references and bank to release any information necessary to assist Centurion Trucking Inc. in establishing a line of credit. I/We agree to pay invoices within 14 days in accordance with your terms. I/We hereby agree to pay all reasonable collection costs according to your tariff.

Authorized Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FAX AND MAIL ORIGINAL TO ACCOUNTING DEPARTMENT**

**FAX: (778) 565-1487**

(ALL CREDIT APPLICATIONS ARE KEPT CONFIDENTIAL)

