



BUSINESS CREDIT APPLICATION

Name/Address

Last:	Middle Initial	Last	Title
Company Name:			Tax I.D. Number
Address:			
City:	State:	Zip/Postal Code:	Phone:

Company Information

Type of Business:		In Business Since:	
Legal Form Under Which Business Operates:		State/Province/Country: Corporation Partnership Proprietorship Other	
If Division/Subsidiary, Name of Parent Company:		In Business Since:	
Name of Company	Principal Responsible for Business Transactions:	Title:	
Address:			
City:	State:	Zip/Postal Code:	Phone:

Bank References

Institution Name:		Institution Name:		Institution Name:	
Checking Account #:		Savings Account #:		Home Equity Loan:	Loan Balance:
Address:		City		State	Zip
Contact Person:		Contact Person:		Contact Person:	
Phone:		Phone:		Phone:	

Financial Information

Company Total Assets :	Company Total Liabilities: Annual Net Income:	Amount of Credit Requested:
Have you or your officers or affiliates ever filed a petition in bankruptcy? Yes No		
Is your company subject to any litigation? Yes No If so, describe:		

Trade References

COMPANY NAME:	COMPANY NAME:	COMPANY NAME:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
City / State /Zip Code	City / State /Zip Code	City / State /Zip Code
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

We declare that the above information is true, correct and complete and is given to induce the Company to extend credit. We authorize the Company to make such credit investigation as the Company sees fit, including contacting the above trade references and banks and obtaining credit reports. We authorize all trade references, banks and credit reporting agencies to disclose to the Company any and all information concerning the financial and credit history of my company and myself.

I have read the terms and conditions stated below and agree to all of those terms and conditions.

Company Name: _____ **Authorized Signature:** _____

Title: _____ **Printed Name:** _____

Return to: kmorosky@cxitrucking.com

Fax: 708-344-9449