CREDIT APPLICATION FOR A BUSINESS ACCOUNT

# BUSINESS CONTACT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name |  | Date business commenced |  |
| Name/Title |  | [ ]  Sole proprietorship |  |
| Phone | Fax |  | [ ]  Partnership |  |
| E-mail |  | [ ]  Corporation |  |
| Tax ID # |  | [ ]  Other |  |
| Registered company addressCity, State ZIP Code |  |  |  |

# FINANCIAL INSTITUTION/BANK AND CREDIT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Bank Name |  | Email |  |
|  Primary business addressCity, State Zip Code |  | Account number |  |
| Phone |  | Type of account | [ ] Savings [ ]  Checking [ ]  Other |
| Fax |  |  |  |

# BUSINESS/TRADE REFERENCES

|  |  |  |  |
| --- | --- | --- | --- |
| Company name |  | Phone |  |
| Address |  | Fax |  |
| City, State ZIP Code |  | E-mail |  |
| Type of account |  | Other |  |
| Company name |  | Phone |  |
| Address |  | Fax |  |
| City, State ZIP Code |  | E-mail |  |
| Type of account |  | Other |  |
| Company name |  | Phone |  |
| Address |  | Fax |  |
| City, State ZIP Code |  | E-mail |  |
| Type of account |  | Other |  |

# agreement

1. All invoices are to be paid 2 days from the date of the invoice.
2. Claims arising from invoices must be made within two working days.
3. I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions and/or business/trade references listed in this credit application to release necessary information to Interbay Transport Logistics, Inc. in order to verify the information contained herein

# SIGNATURES

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Signature |  |
| Name and Title |  | Name and Title |  |
| Date |  | Date |  |