CREDIT APPLICATION

(Please print and fax completed form to **888.789.3562**)

Business name:_____ Phone:_____

Business address:_____

Billing address: _____

Subsidiary or division of:_____

Ownership: ☐Corporation ☐Partnership ☐Sole Proprietor

Type: ☐Shjpper/Consignee ☐Primary Business:

☐Transportatation company ☐Broker ☐Carrier ☐Other

Mc#:_____ Surety Bond Holder: _____

Surety Bond #:_____

Has the firm or any of its principles ever filed for bankruptcy? ☐Yes ☐No

If yes, please attach explanation.

Trade References: *(please include at least 2 motor carriers)*

Name _____ Phone _____

Address _____

Contact _____ Email Address _____

Name _____ Phone _____

Address _____

Contact _____ Email Address _____

Name _____ Phone _____

Address _____

Contact _____ Email Address _____

Bank Reference: _____

Contact _____ Phone_____

Special Billing Requirements ☐Bill of Lading ☐Delivery receipt ☐Order/P.O. number required

☐Other _____

Accounts payable contact_____ Phone _____

All invoices issued by Amstan Trucking Inc. Must be paid within 15 calendar days from date of invoice. An invoice will Be considered past due after 30 calendar days from the date of the invoice. Past due invoices are subject to finance charges of 1.5% per month, 18% per annum.

Application prepared by: _____ Date _____