



Credit Application

TERMS : 30 DAYS FROM INVOICE DATE

CustomForm Transportation Systems, Inc. ■ 1036 S. International Rd. ■ Garland, TX ■ 75042
www.customform.com ■ (214) 703-1000 ■ FAX (214) 703-1022

Company Information Billing will be sent to address below unless instructed otherwise

Company Name _____ Address _____ City / State / Zip _____ Phone _____ FAX _____ E-Mail _____ Web Site Address _____ Accts Payable Contact _____ Phone _____	Credit Amount Requested _____ D & B Number _____ Federal Tax ID _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Non-Profit <input type="checkbox"/> Corporation In Business Since _____ Incorporated State _____ Trade Name or DBA / AKA, if applicable _____ Type of Business _____
---	--

Principals or Partners Use additional sheets if necessary

Name _____	Address _____	City _____
State _____	Zip Code _____	Telephone _____ % Interest _____
Name _____	Address _____	City _____
State _____	Zip Code _____	Telephone _____ % Interest _____

Banking Information

Bank Name _____	Branch _____	Bank Officer _____
Telephone Number _____	FAX Number _____	Account Number _____

Trade References (Currently active accounts - Prefer at least two carriers)

Firm _____	Contact _____	Phone Number _____	Yrs. Active _____
Firm _____	Contact _____	Phone Number _____	Yrs. Active _____
Firm _____	Contact _____	Phone Number _____	Yrs. Active _____

- Conditions
- All claims against invoices must be made within 30 days after receipt of service
 - Concealed shortage or damage must be reported within 15 days of delivery or no claim can later be filed
 - All Freight Claims must be made within 60 days after receipt of service
 - Interest charges on account balance over 30 days at a rate of 2% per month, or 24% per annum may be applied
 - Applicant agrees to bear all costs incurred in collecting any unpaid amounts including but not limited to collection suit fees, legal fees and court costs.

Applicant understands and agrees to all terms and conditions of this application. I hereby certify that the information listed on this credit application is accurate and correct. The information is for use by CustomForm Transportation Systems, Inc. in determining the amount and condition of credit to be extended. I understand that CustomForm Transportation Systems, Inc., uses other sources of credit information which it considers necessary in making a determination as to the extension of credit. Further, I hereby authorize the above references listed on this application to release information necessary to assist CustomForm Transportation Systems, Inc., in establishing a line of credit.

Print Name _____ Title _____

Signature _____ Date _____

For CFTS Use Only			
D & B Rating _____		<input type="checkbox"/> Approved	
CFTS Rating _____	Limit _____	<input type="checkbox"/> Declined	Date _____