

CREDIT APPLICATION

revised 03 /2015

Full Legal Name/Business Entity		Phone #	H	Fax #
		Pnone #	+	rax #
Doing Business as (DBA)				
Billing Address	City	State	Zip	
Company Type:				
Proprietorship Partnership	Franchise Corporation Other:			
No. of Employees	Year Business Established	Annual	Sales	Type of Business
Federal Tax ID	State of Incorporation	DUNS NUMBER:		
E-Mail Address(es):			Website:	
2. Owner Information				
Full Name (including middle initial)	Title	Social Securi		ty #
Home Address	City	State	Zip	Phone #
3. Bank References				
Bank Name	Account Number		Contact	
Address	City	State	Zip	Phone #
Fax#	Number of years doing	business with t	his Company	
Fax#	Number of years doing	business with t	his Company	
4. Trade Credit References (Number of years doing Please provide at least three from Tra			lease include fax number
4. Trade Credit References (lease include fax number
4. Trade Credit References (Company Name			Industry) P	lease include fax number Phone #
4. Trade Credit References (Company Name Address	Please provide at least three from Tra	nsportation	Industry) P Contact	·
4. Trade Credit References (Company Name Address Fax#	Please provide at least three from Tra	nsportation	Industry) P Contact Zip	·
4. Trade Credit References (Company Name Address Fax#	Please provide at least three from Tra	nsportation	Industry) P Contact	·
4. Trade Credit References (Company Name Address Fax# Company Name	Please provide at least three from Tra	nsportation	Industry) P Contact Zip	·
4. Trade Credit References (Company Name Address Fax# Company Name Address	Please provide at least three from Tra City or email address	nnsportation State	Industry) P Contact Zip Contact	Phone #
4. Trade Credit References (Company Name Address Fax# Company Name Address Fax#	Please provide at least three from Tra City or email address City	nnsportation State	Industry) P Contact Zip Contact Zip	Phone #
	Please provide at least three from Tra City or email address City	nnsportation State	Industry) P Contact Zip Contact	Phone #
4. Trade Credit References (Company Name Address Fax# Company Name Address Fax#	Please provide at least three from Tra City or email address City	nnsportation State	Industry) P Contact Zip Contact Zip	Phone #

We hereby apply for credit and affirm financial responsibility, ability and willingness to pay invoices in accordance with published terms. The above information is warranted to be true and complete. We hereby authorize you to verify and collect information on us, including but not limited to bank references, trade credit references, consumer and/or commercial credit reports. We agree to pay all costs of collection and litigation on this account in accordance with the laws of the Creditor's State of Incorporation. We agree that all decisions with respect to the extension or continuation of credit shall be in the sole discretion of the Creditor.

For fast credit approval, please fax to:

C&K Trucking, LLC Attn: Credit Department Fax: 732-486-7025

Or email to creditdept@cktrucking.com