



# CREDIT APPLICATION

(THE FOLLOWING MUST BE PROVIDED AND WILL BE HELD IN STRICT CONFIDENCE)

Name / Company

Address

City  State  Zip Code

Phone  Fax  E-mail

Website

Tax ID #  Years in Business

- Corporation
- Partnership
- Individual
- Limited Partnership

Owner Name  Phone  E-mail

A/P Contact  Phone  E-mail

Operations  Phone  E-mail

Invoice Preference:  U.S. Mail  E-Mail

P.O.D E-Mail

### BUSINESS NAME/ADDRESS

### REFERENCES (2 REQUIRED)

Name	<input type="text"/>	Phone	<input type="text"/>
Address	<input type="text"/>	Fax	<input type="text"/>
City, State, Zip	<input type="text"/>		
Name	<input type="text"/>	Phone	<input type="text"/>
Address	<input type="text"/>	Fax	<input type="text"/>
City, State, Zip	<input type="text"/>		

THE ABOVE INFORMATION IS FOR THE PUPPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE. I/WE HEREBY AUTHORIZE QUICK TRIP EXPRESS TO INVESTIGATE THE REFERENCE LISTED PERTAINING TO MY/OUR CREDIT AND FINANCIAL RESPONSIBILITY. A COPY OF THIS DOUCMENT SHALL BE AS THE ORIGINAL.

ON BEHALF OF OUR COMPANY, I CERTIFY THAT WE AGREE TO PAY ALL INVOICES WITHIN 15 DAYS FROM INVOICE DATE. FURTHER WE CERTIFY THAT WE ARE FAMILIAR WITH AND AGREE TO ABIDE BY THE DOT/SURFACE TRANSPORATION BOARD RULES AND REGULATIONS PERTAINING TO THE PAYMENT OF TRANSPORTATION AND OTHER TARIFF CHARGES. IF CARRIER IS FORCED TO UTILIZE AN OUTSIDE COLLECTION SOURCE, ALL APPLICALBE DISCOUNTS AND ALLOWANCES WILL BE REVOKED RESULTING IN COLLECT OF GROSS CHARGES.

Name  Title  Date

SIGNATURE \_\_\_\_\_