



**APPLICATION FOR CREDIT**

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

City ST Zip Code \_\_\_\_\_

PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_ EMAIL \_\_\_\_\_

OWNERS NAME \_\_\_\_\_ Dun & Bradstreet No. \_\_\_\_\_

CORPORATION PARTNERSHIP INDIVIDUAL/SOLE PROPRIETOR

Federal Tax ID# \_\_\_\_\_ State Incorporated \_\_\_\_\_

SOURCE/NATURE OF BUSINESS \_\_\_\_\_

How long in business \_\_\_\_\_ yrs. \_\_\_\_\_ months

Anticipated monthly shipping required \$ \_\_\_\_\_

**CORPORATE HEADQUARTERS INFORMATION IF DIFFERENT FROM ABOVE**

CORP NAME \_\_\_\_\_

CORP ADDRESS \_\_\_\_\_

CORP PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

WEB SITE ADDRESS \_\_\_\_\_

**FINANCIAL**

Complete mailing address where freight bills are to be mailed for payment

Document (s) required \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT \_\_\_\_\_

DIRECT PHONE LINE \_\_\_\_\_ FAX NO. \_\_\_\_\_

FINANCIAL OFFICER NAME \_\_\_\_\_

DIRECT LINE \_\_\_\_\_ FAX NO. \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_



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List three Businesses with whom you have credit

Very Important Part-----need to make sure information is current and complete on references.

1. \_\_\_\_\_ Fax # \_\_\_\_\_ Phone # \_\_\_\_\_

Acct# optional \_\_\_\_\_ Contact \_\_\_\_\_

2. \_\_\_\_\_ Fax # \_\_\_\_\_ Phone # \_\_\_\_\_

Acct# optional \_\_\_\_\_ Contact \_\_\_\_\_

3. \_\_\_\_\_ Fax # \_\_\_\_\_ Phone # \_\_\_\_\_

Acct# optional \_\_\_\_\_ Contact \_\_\_\_\_

List Transportation companies with whom you have credit

1. \_\_\_\_\_ Fax # \_\_\_\_\_ Phone # \_\_\_\_\_

Acct# optional \_\_\_\_\_ Contact \_\_\_\_\_

2. \_\_\_\_\_ Fax # \_\_\_\_\_ Phone # \_\_\_\_\_

Acct# optional \_\_\_\_\_ Contact \_\_\_\_\_

3. \_\_\_\_\_ Fax # \_\_\_\_\_ Phone # \_\_\_\_\_

Acct# optional \_\_\_\_\_ Contact \_\_\_\_\_

I (We) the undersigned, hereby apply for credit for the payment of freight charges and authorize Central Freight Lines, Inc. to Investigate my (our) credit record and to verify my (our) credit references as outlined above. I (we) fully authorized to grant you consent to make such an investigation. I (we) agree to pay all freight charges within fifteen days after receipt for the same as required by title 49 USC issued pursuant thereto. The above information is hereby certified to be correct.

Signature of officer of your company \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Is there a personal guarantee? Yes \_\_\_\_\_ No \_\_\_\_\_

Name (s) of the guarantor (s) and address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BELOW THE LINE IS FOR CENTRAL FREIGHT LINES USE ONLY

CREDIT ACCOUNT ( ) APPROVED ( ) DISAPPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

CENTRAL FREIGHT LINES, INC. 5601 W. WACO DR. WACO, TX. 76710

PHONE # 254-772-2120

FAX # 254-741-5507

Email: [f228@centralfreight.com](mailto:f228@centralfreight.com)