



LOGISTICS INC.

# CREDIT APPLICATION FORM

## CLIENT INFORMATION

Legal Name:			
Trade Name:			
Physical Address:		Mailing Address:	
City:		Tel Number:	
Providence/State:		Fax Number:	
Postal/Zip Code:		E-mail Address:	

## DIRECTORS, OFFICERS & SHAREHOLDERS INFORMATION

1. Name:		Title:		Tel #:	
2. Name:		Title:		Tel #:	
3. Name:		Title:		Tel #:	

## BUSINESS STATUS

SBRN / Business # / IRS #:					
Parent Company:		Relationship:			
Subsidiary (%):		Division:		Joint Venture:	
Nature of Business:				Years in Business:	
Please Specify Type of Customer:	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Retailer	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Other	
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other		

## BANKING INFORMATION

Bank Name:					
Address:					
Transit #:		Account #:			
Contact Name:		Tel #:		Fax #:	

\*May we contact the bank directly.  Yes  No If YES, please complete the authorization release below.

## TRADE REFERENCES

1. Company Name:		Contact Name:	
Tel #:		Fax #:	
2. Company Name:		Contact Name:	
Tel #:		Fax #:	
3. Company Name:		Contact Name:	
Tel #:		Fax #:	
4. Company Name:		Contact Name:	
Tel #:		Fax #:	

## CREDIT REQUIREMENTS

# of Shipments Per Month:		Avg. Shipments in \$:	
Payment Terms		Limit Requested:	<input type="checkbox"/> ACH (please call)

## CUSTOMER'S AGREEMENT

The undersigned hereby requests Tahoco Logistics Inc to extend credit in the maximum amount referred to above. We hereby authorize Tahoco Logistics Inc to obtain from any credit reporting agency or credit grantor, information as TAHOCO may require at any time in connection with the credit hereby applied for and consents to the disclosure or exchange of any information concerning the undersigned. Unless otherwise indicated above, the undersigned hereby authorizes each of the above named bank and trade references to furnish Tahoco Logistics Inc upon its request, credit and financial information with respect to the undersigned as Tahoco Logistics Inc may require. **Please note all information will remain confidential.**

Authorized Signature:		Date:	
Name (please print):		Title:	
Accounts Payable Contact Name:			
Customs Contact Name:			
TAHOCO Sales Representative Name:			