



CUSTOMER CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Title		Type of Business:	Date Business Commenced:
Company name		<input type="checkbox"/> Sole proprietorship	D&B Rating: _____ D&B Number: _____ Federal ID #: _____
Phone Fax		<input type="checkbox"/> Partnership	
E-mail		<input type="checkbox"/> Corporation	
Registered company address City, State ZIP Code		<input type="checkbox"/> Other	

BANK INFORMATION

Bank name		Account number	
Bank Officer/Contact		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other
Bank Address City, State Zip Code		Credit Line Requested	
Phone		E-mail	
Fax			

BUSINESS/TRADE REFERENCES

Company name		Contact	
Address		Phone	
City, State ZIP Code		Fax	
Type of account / account number		E-mail	
Company name		Contact	
Address		Phone	
City, State ZIP Code		Fax	
Type of account / account number		E-mail	
Company name		Contact	
Address		Phone	
City, State ZIP Code		Fax	
Type of account / account number		E-mail	

AGREEMENT

1. All invoices are to be paid to Gulf Coast Logistics 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Gulf Coast Logistics to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	

