



**CREDIT APPLICATION**

**COMPANY INFORMATION**

Business Name \_\_\_\_\_ DBA Name \_\_\_\_\_

Street Address \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

Account Payable Contact \_\_\_\_\_

Type of Business ( ) Corporation ( ) Partnership ( ) Other \_\_\_\_\_

Federal Tax I.D. \_\_\_\_\_ Years in business \_\_\_\_\_

**TRADE REFERENCES** (Preferably other carriers used by your company)

	COMPANY NAME	ADDRESS	CITY	ST	ZIP	PHONE
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____

Bank Reference \_\_\_\_\_

Address \_\_\_\_\_

By completing this application, Fast Way Freight System is granted permission to contact bank references and other vendors to seek financial and credit information for your business. Fast Way will hold all information received strict confidence and will not discuss this information with any person or business other then our management and credit personnel. Payment must be made in accordance with the terms of the tariff, contract and/or rules tariff which is 15 days. Non-payment, and or slow payment, of invoices may be caused for suspension of credit in addition to other penalties.

Dated \_\_\_\_\_ Signed \_\_\_\_\_

Title \_\_\_\_\_