



CONFIDENTIAL CREDIT APPLICATION FOR TRANSPORTATION AND RELATED CHARGES

LEGAL BUSINESS NAME

ADDRESS

CITY, STATE, PROVINCE, ZIP

COUNTRY

PHONE ( ) EXT: FAX ( )

SOLE PROPRIETORSHIP [ ] PARTNERSHIP [ ] CORPORATION: PRIVATE [ ] PUBLIC [ ] OTHER

PARENT COMPANY

ADDRESS

TYPE OF BUSINESS

BILLING ADDRESS IF DIFFERENT

DATE ESTABLISHED NUMBER OF EMPLOYEES

FINANCIAL INFORMATION: CREDIT NEEDED:

BANK

ADDRESS

BANK OFFICER ACCT #

PHONE ( ) EXT: FED ID#

ANNUAL REVENUES DUN & BRADSTREET #

NET WORTH ANNUAL INCOME

CONTACTS:

PRESIDENT/PRINCIPAL

ACCOUNTS PAYABLE

CFO/CONTROLLER

BILLING CONTACT

EMAIL

Phone (800) 301-2080
Pager (805) 290-6813
Fax (805) 251-2698
info@mxpresstrans.com

18316 Sierra Hwy., Unit A
Santa Clarita, CA 91386-2777

TRANSPORTATION ORGs ONLY:

YOUR COMPANY IS A MOTOR CARRIER [ ] BROKER [ ] OTHER [ ] MC#

SURETY BOND HOLDER [ ] BOND #

PLEASE SUPPLY FOUR TRADE REFERENCES INCLUDING AT LEAST 2 MOTOR CARRIERS. (SEE BACK OF FORM)

On behalf of the Company I certify that we are familiar with and agree to abide by the Interstate Commerce Act and Recodifications thereof pertaining to the payment of transportation and related charges. I hereby grant permission to the above referenced bank and credit references to release pertinent information regarding our accounts. Furthermore, my signature attests to the financial responsibility, ability and willingness to pay all transportation and related charges within 15 days of the date invoiced.

SIGNATURE

TITLE/DATE

**TRADE REFERENCES:**

PLEASE INCLUDE AT LEAST 2 MOTOR CARRIERS

NAME

ADDRESS

PHONE

(      )

EXT:

CONTACT

NAME

ADDRESS

PHONE

(      )

EXT:

CONTACT

NAME

ADDRESS

PHONE

(      )

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