



# BUSINESS CREDIT APPLICATION

<b>A D D R E S S E S &amp; C O N T A C T S</b>	LEGAL BUSINESS NAME _____ DATE _____
	DOING BUSINESS AS _____
	MAILING ADDRESS _____
	SHIPPING ADDRESS _____
	CITY _____ COUNTY _____ ST _____ ZIP _____
	PHONE # _____ FAX # _____ WEB ADDRESS _____
	FEDERAL ID # _____ YEARS IN BUSINESS _____
	TYPE OF BUSINESS: CORPORATION _____ LLC _____ PARTNERSHIP _____ SOLE PROPRIETOR _____
	OWNER/PRESIDENT _____ PHONE/EXT _____ E-MAIL _____
	ACCOUNTING CONTACT _____ PHONE/EXT _____ E-MAIL _____
<b>F I N A N C E S</b>	BANK _____ PHONE/EXT _____ FAX # _____
	ADDRESS _____ BANK CONTACT _____
	CITY _____ ST _____ ZIP _____ CHECKING ACCT # _____
	ANTICIPATED ANNUAL PURCHASES _____

**PLEASE NOTE: Transaver will base your credit limit on the credit references you provide.**

<b>R E F E R E N C E S</b>	COMPANY _____ PHONE # _____ FAX # _____
	CITY, ST, ZIP _____ ACCT # _____
	COMPANY _____ PHONE # _____ FAX # _____
	CITY, ST, ZIP _____ ACCT # _____
	COMPANY _____ PHONE # _____ FAX # _____
	CITY, ST, ZIP _____ ACCT # _____

*We will establish Net 15 day credit terms and a credit limit once we have received all the paperwork from you and your bank and references have been checked. The undersigned is duly authorized to apply for credit and grants Transaver Freight Services the right to investigate the ferences listed above and perform any other standard business credit investigations. IWe understand that the credit terms are Net 15 days from invoice date. IWe agree to make all payments within these terms and understand that a 1.5% per month finance charge may be assessed on all past due balances. IWe also understand that Transaver Freight Services reserves the right to charge us all court and/or legal costs associated with the collection of past due monies.*

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SIGNATURE PRINT NAME DATE

**Mail or Fax to: Transaver Freight Services 108 Washington Street Manlius, NY 13104 Fax: 315-682-1098**

<b>FOR OFFICE USE ONLY</b>	APPROVED LIMIT:	DATE:
ACCOUNT NO:	APPROVED BY:	