



# CREDIT APPLICATION

**WEST COAST OFFICE**  
12620 Yukon Avenue  
Hawthorne, CA 90250-4728

**EAST COAST OFFICE**  
25 Sherman Street  
Stratford, CT 06615-6240

Phone: 203.610.8181  
Fax: 203.610.8188  
[www.confirmedfreight.com](http://www.confirmedfreight.com)

## CUSTOMER INFORMATION

Customer Name:						
<input type="checkbox"/> Corporation		<input type="checkbox"/> Partnership		<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> LLC	State of Origin:
Physical Address:			City:	State:	Zipcode:	
Mailing Address:			City:	State:	Zipcode:	
Telephone:		Fax:	Type of Business:		Number of Years in Business:	
Name of Predecessor Business:						
Billing Contact Name:			Billing Contact Title:		Billing Contact Telephone:	
Billing Contact email:			Federal Tax ID#:		Sales Tax Exemption # (Attach copy of form):	
Parent Company:			Address:			
Telephone:		Fax:	City:	State:	Zipcode:	

## INFORMATION ON PRINCIPALS

*For proprietorship or partnership: list all owners and/or partners.  
For corporation or limited liability company: list all officers, directors, members and majority stockholders.*

Name:		Title:	
Name:		Title:	
Name:		Title:	

**Have any of the companies or individuals listed above ever been a debtor in a bankruptcy proceeding?**       YES       NO

**Has any judgment ever been entered against any of the companies or in dividuals listed above?**       YES       NO

**Are there legal actions or arbitrations pending against any of the companies or individuals listed above?**       YES       NO

## INSURANCE INFORMATION

*If customer declines to pay confirmed freight for cargo insurance premium, we require information on your existing insurers.*

Name of Insurance Underwriter:			Policy Number:
Type of Coverage:	Policy Effective Date:	Policy Expiration Date:	Deductible, if any:

## CREDIT REFERENCES

Primary Bank:		Address:		
Contact Name:		City:	State:	Zipcode:
Telephone Number:		Account Number:		
Secondary Bank:		Address:		
Contact Name:		City:	State:	Zipcode:
Telephone Number:		Account Number:		
Tertiary Bank:		Address:		
Contact Name:		City:	State:	Zipcode:
Telephone Number:		Account Number:		

**TRADE REFERENCES**

<i>Company:</i>		<i>Address:</i>	
<i>Contact Name:</i>	<i>City:</i>	<i>State:</i>	<i>Zipcode:</i>
<i>Telephone Number:</i>		<i>Account Number:</i>	
<i>Company:</i>		<i>Address:</i>	
<i>Contact Name:</i>	<i>City:</i>	<i>State:</i>	<i>Zipcode:</i>
<i>Telephone Number:</i>		<i>Account Number:</i>	
<i>Company:</i>		<i>Address:</i>	
<i>Contact Name:</i>	<i>City:</i>	<i>State:</i>	<i>Zipcode:</i>
<i>Telephone Number:</i>		<i>Account Number:</i>	

**PERSONS AUTHORIZED TO INSTRUCT CONFIRMED FREIGHT AND INCUR CHARGES ON CUSTOMER'S ACCOUNT**

<i>Name:</i>	<i>Title:</i>	<i>Phone:</i>
<i>Name:</i>	<i>Title:</i>	<i>Phone:</i>
<i>Name:</i>	<i>Title:</i>	<i>Phone:</i>

<hr/> <p align="center"><i>Signature</i></p> <hr/> <p align="center"><i>Title</i></p> <hr/> <p align="center"><i>Company</i></p>		<hr/> <p align="center"><i>Print Name</i></p> <hr/> <p align="center"><i>Date</i></p> <hr/> <p align="center"><i>Street Address</i></p>	
<p>On Behalf of: <hr/></p> <p align="center"><i>Parent Company</i></p>		<hr/> <p align="center"><i>City, State, Zipcode</i></p>	