



CREDIT APPLICATION:

COMPANY _____ D & B # _____
MAILING ADDRESS _____
PHYSICAL ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ FAX _____ EMAIL _____
FEDERAL ID OR SSN _____
ACCOUNTS PAYABLE NAME _____ YEARS IN BUSINESS _____
DO YOU ACCEPT SCANNED BILL OF LADINGS BY EMAIL ? YES _____ NO _____
LLC _____ : INCORPORATED _____ : COMPANY _____ : INDIVIDUAL _____ :
PARTNERSHIP _____ :

BANKING REFERENCE:

BANK NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____
ACCOUNT NUMBER _____
BANK OFFICER _____

FREIGHT REFERENCE:

COMPANY _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____
CONTACT _____
YEARS DOING BUSINESS _____

COMPANY _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____
CONTACT _____
YEARS DOING BUSINESS _____

COMPANY _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____
CONTACT _____
YEARS DOING BUSINESS _____

ALL-QUIP TRANSPORTATION SERVICE'S CREDIT TERMS ARE NET 30 DAYS

AUTHORIZED BY _____

TITLE _____

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