



DELIVERY SERVICE
SINCE 1970

DAILY SERVICE TO THE FLORIDA KEYS

FAX COMPLETED APPLICATION TO: ACCOUNTING DEPT. @ (718) 730-7996

APPLICATION FOR CREDIT

COMPANY NAME _____
SHPR/DEL ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE NUMBER (_____) _____ DESCRIPTION OF BUSINESS _____
CORPORATION _____ PARTNERSHIP _____ INDIVIDUAL _____ D.U.N.S.# _____
NO. OF YEARS ESTABLISHED _____ AMOUNT OF CREDIT REQUESTED \$ _____
YEAR OF INCORPORATION _____ STATE OF INCORPORATION _____
NAME & ADDRESS OF PARENT COMPANY _____

PAYMENT DATA

1. FREIGHT BILLS SHOULD BE MAILED TO _____
2. ACCOUNTS PAYABLE SUPERVISOR _____
3. PHONE NUMBER (_____) _____
4. BILLING REQUIREMENTS _____

PRINCIPAL OWNERS - STOCKHOLDERS - PARTNERS- OFFICERS OF COMPANY

NAME/TITLE	MAILING ADDRESS	CITY	STATE	ZIP
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

REFERENCES (OTHER TRANSPORTATION COMPANIES PREFERRED)

NAME	MAILING ADDRESS	CITY	STATE	ZIP
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

BANK REFERENCES

1. BANK NAME _____
BANKING OFFICIAL _____ TYPE OF ACC _____ BANK ACCT # _____ PHONE (____) _____
2. BANK NAME _____
BANKING OFFICIAL _____ TYPE OF ACC _____ BANK ACCT # _____ PHONE (____) _____

To the best of my knowledge, the above statements are true. My signature below (A) indicates my permission to obtain credit information from the sources referenced and (B) attests financial responsibility and willingness to pay invoices in accordance with terms.

AUTHORIZED SIGNATURE

TITLE

DATE