Freight *All* Kinds, Inc.
Application for Credit

Company Name_____.

Address_____City_____State_____Zip_____.

Phone Number (_____)_____Fax Number (_____)_____Line of Business_____.

Corporation_____Partnership_____Individual_____DUNS#_____.

Years Established_____Amount of Credit Requested $_____..

Year of Incorporation_____State of Incorporation_____.

Name and Address of Parent Company_____. .

Payment Data

1. Freight Bills should be mailed to_____.

2. Accounts Payable Supervisor_____.

3. Phone Number (_____)_____4. Fax (_____)_____.

5. Billing Requirements_____.

_____.

_____.

_____.

Trade References

Name	Mailing Address	City	State	ZIP	Phone

Bank References

Bank Name	Mailing Address	City	State	Zip	Phone
1.					

Banking Official_____Type of Account_____Bank Account#_____.

Phone (_____)_____Fax (____)_____.

Notice: The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has, in good faith, exercised any right under the Consumer Protection Act. The federal agency that administers compliance with the law concerning this credit is the Federal Trade Commission, Division of Credit Practices, 6th and Pennsylvania Avenue, NW, Washington, DC 20580.

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

Credit terms are 7 days unless otherwise specified in a written contract.

_____.

Authorized Signature **Title** **Date**

PLEASE SUBMIT THE COMPLETED FORM TO FREIGHT ALL KINDS, INC.
Fax to: 303-289-5729 Attention: Credit Department