



Credit Application

Please fill this form out completely

Full name of your company _____

Billing address _____

Telephone number _____ Fax number _____

President/Owner _____ Comptroller _____

Accounts Payable Contact _____

Parent Company _____ Branch Locations _____

Type of Business (circle one) **CORPORATION** **PARTNERSHIP** **SOLE PROPRIETOR**

Has the ownership changed in the past year? YES _____ NO _____

Years in Business _____ Number of employees _____

Average freight shipments per month _____

Freight payment schedule NET _____ Fed ID# _____ Duns Number _____

Are you on schedule with your payments now YES _____ NO _____

What paperwork do you require for:

Prepaid shipments _____

Collect shipments _____

Third party shipments _____

This application will also serve as an authorization to release information to New World Transportation from your bank and any creditors who may need an authorization from you the customer. The information contained herein is confidential and is only supplied to the company for which you are applying for credit.

Bank Name _____ Telephone # _____

Contact Person _____

Checking Account # _____ Checking Account # _____

Line of Credit Account # _____ Savings Account # _____

The officer's signature is required for completion of the credit check. We will be unable to process this application without an officer's signature.

Officer's Signature _____ Title _____

Type or Print Name _____ Date _____