

13875 Norton Ave., Chino, CA 91710 Tel. (626) 333-8088 Fax. (562) 250-3160 Attn: Sales/Accounting

e (customer),	Applicatio	n for credit	D	ate:
Company Name:	'e (customer)		, hereby apply for the o	redit payment of freight charges by
Business Address:	oviding the ir	formation below for your review, ver	rification and credit approve	als
Business Address:	Company Name:		Date Established:	
City: State: Zip Code: Telephone Number: Fax Number: Nature of Business: Organization Type (Check One) Public LLC Private corporation Partnership Sole Proprietorship Federal Tax D#: State: Dun and Bradstreet # (DUNS): Guarantor/Name: State: Dun and Bradstreet # (DUNS): Social Security #: Tel #: Home Address: State: Zip code: Time at current address: Rent: Own: References: A. Bank (Branch and City): Account number: City: State: Zip Code: Tel. Account number: Tel. Attn: Fax. Reference 1: Tel. Attn: Fax. Reference 2: Tel. Attn: Fax. Reference 3: Tel. Attn: Fax. Reference 3: Tel. Attn: Fax. Fax. Reference 3: Tel. Attn: Fax. Tel. Tel. Tel. Attn: Fax. Tel. T				
Telephone Number:	Business A	ddress:		
Name of Company President:	City:	State:	Zip Code	
Organization Type (Check One) Public LLC Private corporation Partnership Sole Proprietorship Federal Tax ID#: State: Dun and Bradstreet # (DUNS): Federal Tax ID#: Driver's License #: Tel #: Tel #: Driver's License #: Tel #: Tel #: Driver's License #: Tel #: Zip code: Time at current address: Rent: Own: References: Rent: Own: References: Account number: City: State: Zip Code: Tel Account number: Tel Tel Attn: Fax Reference 1: Tel Tel Attn: Fax Reference 2: Tel Tel Attn: Fax Fax Reference 3: Tel Tel	Telephone	Number:	Fax Number:	
Federal Tax ID#: State: Dun and Bradstreet # (DUNS):	Name of Company President:		Nature of Business:	
Guarantor/Name: Driver's License #: Tel #:	Organization Type (Check One) Public		LLC Private corporation Partnership Sole Proprietorship	
Social Security #: Driver's License #: Tel #: Tel #: Home Address: Zip code: Zip code: Time at current address: Rent: Own: Own:	Federal Tax	< ID#: State:	Dun and Bradstr	eet # (DUNS):
Home Address:	Guarantor	'Name:		
Time at current address:	Social Secu	rity #: Driver's L	icense #:	Tel #:
References: A. Bank (Branch and City):				•
A. Bank (Branch and City):			Rent:	Own:
Account number:				
City: State: Zip Code:				
B. Trade References (Where credit has been established): Reference 1:				
Reference 1:		•		Zip Code:
Attn:		•	•	
Reference 2:				
Attn:				
Reference 3:				
Attn:				
Financial Statements: Please forward a copy of your latest Financial Statements to assist us in this process. Payment Terms – Legal: By our signatures below we/customer agree and accept that by Federal Law, Carriers are required to collect and shippers and consignees are required to pay for all freight services rendered and charges within fifteen (15) days after receipt of billing. We/customer agree to pay for any and al legal, attorney, court, and/or collection agency costs incurred by 88 Transportation Inc. for collection of unpaid freight charges, plus interest of ten percent (10%) per annum on any balance due. If credit availability is granted by 88 Transportation Inc., all decisions for extensions, continuation and/or termination of credit shall be at the sole discretion of 88 Transportation Inc. me of Company: Title: Date: Office Use Only Date:				
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nature:	Carriers are rendered a legal, attor unpaid frei is granted	e required to collect and shippers and and charges within fifteen (15) days af ney, court, and/or collection agency oght charges, plus interest of ten percenty 88 Transportation Inc., all decisions	l consignees are required to ter receipt of billing. We/cu costs incurred by 88 Transp ent (10%) per annum on an s for extensions, continuati	o pay for all freight services ustomer agree to pay for any and all ortation Inc. for collection of y balance due. If credit availability
Date:	ame of Comp	any:		
Office Use Only nount: \$ Date:	gnature:		Title:	
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