

CREDIT APPLICATION



TRUCKING, INC.

PAGE 1 OF 2

COMPANY INFORMATION

COMPANY NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____
FAX: _____
OWNER: _____ PHONE: _____
PRESIDENT: _____ PHONE: _____
VICE PRESIDENT: _____ PHONE: _____
ACCOUNTS PAYABLE: _____ PHONE: _____
YEAR ESTABLISHED : _____

.....

BANK INFORMATION

BANK NAME: _____
BANK ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
ACCOUNT #: _____
BANK CONTACT: _____
PHONE NUMBER: _____

Thank you for taking the time to complete our Credit Application. Please fax to (530)329-8791
or email to creditapps@heitztrucking.com.
We look forward to doing business with you !

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TRUCKING, INC.

PAGE 2 OF 2

TRADE REFERENCES

1) COMPANY NAME: _____ CONTACT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

2) COMPANY NAME: _____ CONTACT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

3) COMPANY NAME: _____ CONTACT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. Should Heitz Trucking Inc. extend credit to your company and your company goes into default or fails to make payments within terms, your company will be responsible for any collection and/or attorney fees needed to resolve unpaid invoices.

THIS DOCUMENT MUST BE SIGNED BY OWNER, PRESIDENT, VICE PRESIDENT, OR SENIOR COMPANY MANAGER ONLY!!!

Print Name: _____ Title: _____

Signature: _____ Date: _____

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