

Name/Address

Last:	First:	Middle Initial:	Title
Name of Business:			Tax I.D. Number
Address:			
City:	State:	ZIP:	Phone:

Company Information

Type of Business:	In Business Since:
Legal Form Under Which Business Operates:	
Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>
Proprietorship <input type="checkbox"/>	
If Division/Subsidiary, Name of Parent Company:	In Business Since:
Name of Company Principal Responsible for Business Transactions:	Title:
Address:	City:
State:	ZIP:
Phone:	
Name of Company Principal Responsible for Business Transactions:	Title:
Address:	City:
State:	ZIP:
Phone:	

Bank References

Institution Name:		
Checking Account #:		
Address:		
Phone:		

Carrier References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

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.

Signature

Date



1316 BROWN TRAIL, BEDFORD, TX 76022
800-527-2133

OUR PAYMENT TERMS ARE NET 21 DAYS.

COMPANY NAME: _____ 3/29/2007

We have the option to either email or fax your freight invoices to you. Please choose which you would prefer:

EMAIL FAX

A/P CONTACT: _____

A/P PHONE: _____

A/P FAX: _____

E-MAIL ADDRESS: _____

Do you need the POD to accompany the invoice: _____

SIGNATURE: _____

(By signing this you are stating you agree to our payment terms)

We will report all late payments to Compunet Credit Service (First Advantage)

Thank you for your time and we look forward to doing business with you.

Anna Campbell
Ameritrans, Inc.

Please return this document either via email or fax to my attention.

anna@ameritransinc.com

FAX: 817-285-8540