

CREDIT REQUEST Check here if Broker



Credit Release #: _____

Line of Credit Requested: _____

Line of Credit Extended: _____

Date: _____

Approvals: _____

Terminal: _____

Load Information:

Load Date: _____ Load Revenue: _____ Commodity: _____

Number of Loads: _____ (Day - Week - Month)

From: Company: _____ Location: _____

To: Company: _____ Location: _____

Credit Check Requested For:

Business Name: _____ Phone: _____

Broker MC #: _____ Duns #: _____ Fax: _____

Address: _____
(Street) (City) (State) (Zip Code)

Contact: _____ Federal Tax I.D. Number: _____

Years In Business: _____ Has the firm or any of its Principals ever filed bankruptcy? Yes No

E.D.I. Capable: Yes No E.F.T. Capable: Yes No Auto Pay: Yes No

Required documentation for Brokers: Surety Bond Broker Authority

Required Customer Documentation For Freight Payment:

Bill of Lading: Load / Reference Number:

Copy of Permits: Copy of Scale Tickets: Other: _____

Carrier References:

(Name) (Address) (Phone Number)

(Name) (Address) (Phone Number)

(Name) (Address) (Phone Number)

Bank Reference:

(Name) (Address) (Phone Number)

(Account Number) (Contact)

Return Completed Credit Form To: (586) 920-0287