



3736 South Tacoma Way Tacoma, WA 98409  
P.253.327.1206 F.253.883.4045

### Credit Application

Name of Company: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Corporation

Partnership

Proprietorship

Date Established: \_\_\_\_\_ Federal Employer I. D.# or Tax I. D.# \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Corporate Website: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Credit Limit Desired: \$ \_\_\_\_\_ USDOT/Authority #: \_\_\_\_\_

#### PRINCIPALS OF COMPANY

(1) Name of Principal: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Name of Principal: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

BANK REFERENCE

Name of Bank: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Bank Officer: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax # \_\_\_\_\_

TRADE REFERENCES

(1) Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax: # \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

(2) Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax: # \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

(3) Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax: # \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Terms are net 20 days from work performed. Failure to pay freight charges may result in refusal to take possession of trailer for railroad or steamship port. In the Event of litigation, the prevailing party may recover reasonable costs from the other Party.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_