Compass Cargo, Inc.
Fax: (512) 990-5911

BUSINESS CREDIT APPLICATION

NAME/ADDRESS

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

COMPANY INFORMATION

Type of Business:				In Business Since:	
Legal Form Under Which Business Operates:					
	Corporation			Partnership	Proprietorship
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:	Institution Name:	Institution Name:	
Checking Account No.	Savings Account No.	Home Equity Loan:	Loan Balance:
Address:	Address:	Address:	
Phone:	Phone:	Phone:	

TRADE 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:
High Credit:	High Credit:	High Credit:
Current Balance:	Current Balance:	Current Balance:

STATEMENT OF ACCURACY AND PERMISSION TO VERIFY

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. I agree to pay all charges within the designated terms of 30 days from the date of shipment, unless otherwise expressed in writing. Failure to do so will result in withdrawal of credit privileges.

_____ _____

Signature *Date*

Please sign and fax back to Compass Cargo, Inc., at (512) 990-5911
Call us with any questions at 1-888-403-7034