



criticalcargo

Credit Application

Business Information

Company's Full Name: _____

Billing Address: _____

Phone #: _____ Fax #: _____

Principal Owner or Officer Name and Title: _____

Billing contact: _____ In Business Since: _____

Bank Information

Bank Name & Address: _____

Telephone #: _____ Contact: _____

Credit References

Company Name: _____

Address: _____

Phone #: _____ Fax: _____ Contact: _____

Company Name: _____

Address: _____

Phone #: _____ Fax: _____ Contact: _____

Company Name: _____

Address: _____

Phone #: _____ Fax: _____ Contact: _____

Please read carefully and sign

The undersigned consents to obtaining of credit and/or personal information as may be required at any time in connection with the credit hereby applied for or any renewal or extension thereof and the disclosure of any credit reporting agency or to any person with whom the undersigned has or proposes to have financial relations. I authorize Critical Cargo to obtain or exchange any personal information with any personal agent towards establishing or verifying my financial standing. This credit application is to be signed by the officer of the company or by a person with implied authority. Critical Cargo's terms are 21 days from shipment date.

Applicant's Signature: _____ Date: _____