

# CMS Transportation

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## CREDIT APPLICATION

### COMPANY INFORMATION:

Company Name: \_\_\_\_\_ dba (if applicable): \_\_\_\_\_

Parent Company: \_\_\_\_\_ Website: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Shipping & Receiving Locations to be billed in this account:

| Facility Name | Address | City | State | Zip | Phone |
|---------------|---------|------|-------|-----|-------|
|---------------|---------|------|-------|-----|-------|

| Facility Name | Address | City | State | Zip | Phone |
|---------------|---------|------|-------|-----|-------|
|---------------|---------|------|-------|-----|-------|

Organization of Business:

Sole proprietorship Owner's Name : \_\_\_\_\_ Fed ID# \_\_\_\_\_

Partnership Partner's Name : \_\_\_\_\_ Fed ID# \_\_\_\_\_

Corporation State Incorporated : \_\_\_\_\_ Fed ID# \_\_\_\_\_

Type of Business: \_\_\_\_\_ Year Established \_\_\_\_\_

### BILLING INFORMATION:

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

A/P Contact: \_\_\_\_\_ Controller: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Invoicing Requirements:  Shippers Bill of Lading  Hardcopy POD  MAWB  \*Other

Comments: \_\_\_\_\_

*\*Please be specific*

### REFERENCES: (A Pretyped Reference Form is Acceptable)

Bank: \_\_\_\_\_ Checking Acct # \_\_\_\_\_ Contact: \_\_\_\_\_

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

Other Creditors:

Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ High Credit: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ High Credit: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ High Credit: \_\_\_\_\_

**CONDITIONS:** CMS Transportation will extend credit to any new business partner, and will maintain an active credit relationship with any existing business partner, where we are assured through background investigation and/or a demonstrated payment history, that the business partner is fulfilling his credit obligation and remitting in accordance with credit terms.

**CREDIT TERMS:** Net 30 days. If you understand and agree to our terms, please sign below.

Signed By \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Name (Please Print)

\_\_\_\_\_ Title

\$ \_\_\_\_\_

Amount of monthly credit requested