

CMS Transportation

203 Sheridan Blvd., Inwood, NY 11096
Email: info@cmstransportation.com

Phone: 516-239-2155 • Fax: 516-239-2156
www.cmstransportation.com

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
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Facility Name	Address	City	State	Zip	Phone
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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