

\*\*\*ALL FIELDS MUST BE FILLED OUT OR CREDIT WILL BE DENIED\*\*\*

## COMPANY INFORMATION

Check one:  Corporation  Limited Liability Company  Proprietorship  Other Dun & Bradstreet Number:

Applicant Exact Legal Name of Business:

Physical Address of Business:

City: State: Zip:

Billing Address

City: State: Zip:

Previous Billing Address (assists in locating credit history):

City: State: Zip:

How do you prefer to receive invoices?  Paper Mail  E-Mail \*Note: A \$1.00 fee will be assessed to each paper-mailed invoice

Person to Contact in Accounts Payable: A/P Email:

Payable Phone Number: Fax Number:

Date Business Began: Line of Business:

Parent Company (if applicable):

Street Address:

City: State: Zip:

Principal Owner or Authorized Officer of Business:

Primary Shipping Needs (Circle One) LTL or Truckload Credit Required:

Please attach a list of all your business names and addresses that will be shipping and receiving.

THE ABOVE INFORMATION is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility. A copy of this document shall be as the original. BY SIGNING THIS APPLICATION, THE APPLICANT CONSENTS TO THE TERMS AND CONDITIONS FOUND ON [WWW.CARRIERRATE.COM](http://WWW.CARRIERRATE.COM).

Signature of Authorized Officer: Title:

Print signature name: Date: