



Application for Credit

Name of Business Telephone
Street Address Fax Number
Remit Address (if different) Email Address
City, State, Zip Code

The following information will be kept confidential.

Ownership: ___ Corporation ___ Partnership ___ Individual ___ LLC

Name of Principal Address Phone Number

Bank Reference:

Bank Fax Number Phone Number

Bank Officer Account Number

Vendor References:

Business Name Contact Phone Number

Business Name Contact Phone Number

Business Name Contact Phone Number

We hereby authorize the release of credit and/or financial information from our bank and other financial institutions or firms with whom we have done business. The person signing this document declares that he/she is authorized to sign this document on behalf of client, and if credit is granted, agrees to the terms described herein.

By signing this form, the undersigned certifies that all information on this form is correct and understands that payment of all freight invoices/charges are due within thirty days of the date of invoice.

Date: Signed: Title:

5036 Dr Phillips Blvd Ste 270 | Orlando, FL 32819 | office 407-858-3039 | fax 407-858-3021

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