



Triways Freight Services Inc

Credit Application Form

General Company Info

Legal Business Name _____ Telephone _____

Federal Tax ID # _____ Company Type: _____

Years in Business: _____ Monthly Desired Credit: _____

Company Address

Street (_____) _____
Tel

City State Zip (_____) _____
Fax

Contact Person Email

Billing Address if same as above

Street (_____) _____
Tel

City State Zip (_____) _____
Fax

Contact Person Email

Officers, Partners, and/or Principals

1. Principal Owner (_____) _____
Tel

Email (_____) _____
Fax

2. Name & Title (_____) _____
Tel

Email (_____) _____
Fax



Triways Freight Services Inc

Credit Application Form

Bank Reference

Bank Name & Branch Office

Account Type

Street

(_____) _____
Tel

City State Zip

(_____) _____
Fax

Bank Contact Person

Account Number

Trade References

Name (#1)

Account Number

(_____) _____
Tel

Contact

Name (#2)

Account Number

(_____) _____
Tel

Contact

Name (#3)

Account Number

(_____) _____
Tel

Contact

On behalf of the applicant: I hereby give written consent to Triways Freight Services Inc to obtain credit information from any of the references listed above. I certify that all the information on this form is correct and that I agree with the payment terms in consideration of extended credit.

Date

Signature

Name

Title