

# Capital Transportation Logistics, Inc.

PO BOX 450

NASHUA, NH 03061

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## NEW CUSTOMER CREDIT APPLICATION

COMPANY NAME \_\_\_\_\_

HQ ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

FEDERAL ID NUMBER: \_\_\_\_\_ D-U-N-S NUMBER: \_\_\_\_\_

CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ INDIVIDUAL \_\_\_\_\_

OWNERS NAME: \_\_\_\_\_

NUMBER OF YEARS IN BUSINESS: \_\_\_\_\_

CURRENT COMMON CARRIERS YOU HAVE ACCOUNTS WITH: \_\_\_\_\_

### BANK REFERENCE

BANK NAME: \_\_\_\_\_

BRANCH ADDRESS: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

### CREDIT REFERENCES

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

ACCOUNT#: \_\_\_\_\_ ACCOUNT#: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE