



# Capital Transportation Logistics

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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 #1: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
ACCOUNT#: \_\_\_\_\_

CREDIT REFERENCES NAME #2: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
ACCOUNT#: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

