



**TRANSPORT CO.
INC.**

CHEHALIS, WA.

Business Credit Application

Name/Address

Last:	First:	Middle Initial:
Title:	Name of Business:	
Tax ID #	Address:	
City:	State:	Zip:
Phone:		

Company Information

Type of Business	In operation since:		
Legal form Under Which Company Operates:			
Corporation	Partnership	Proprietorship	
If division/subsidiary, Name of Parent Company:			
Name of Company Principles Responsible for Business Transactions			
Title:	Mailing Address:		
City:	State:	Zip:	Phone:

Trade References

Company Name:
Contact:
Address:
Phone:
Account Operated Since:
Credit Limit:
Current Balance

Company Name:
Contact:
Address:
Phone:
Account Operated Since:
Credit Limit:
Current Balance

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature

Date