



Phone 847-439-0690

Fax 847-439-2788

Email: [accounting@meritfreight.com](mailto:accounting@meritfreight.com)

## APPLICATION FOR CREDIT

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name (please print): \_\_\_\_\_ Payables Email: \_\_\_\_\_

### **GENERAL INFORMATION**

Business Type: \_\_\_\_\_ Year Business Started: \_\_\_\_\_

Tax ID: \_\_\_\_\_ DUNS #: \_\_\_\_\_ LATA # \_\_\_\_\_

### **BANK INFORMATION**

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### **CREDIT REFERENCES (list 2)**

Company Name #1: \_\_\_\_\_ Contact: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name #2: \_\_\_\_\_ Contact: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### **BILLING REQUIREMENTS (if any, please list)**

Proof of Delivery: \_\_\_\_\_ Bill of Lading: \_\_\_\_\_ OTHER (please indicate): \_\_\_\_\_

### **AGREEMENT OF TERMS TO DO BUSINESS – RULES & REGULATIONS**

By signing below, I acknowledge that the information above is correct. I also agree to the terms indicated in the Merit Freight Systems Rules & Regulations

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_