



OFFICE USE ONLY
Account No:
Date:
Initials:

5278 Hwy 78 Memphis, TN. 38118
 Phone: (901) 366-6611 Fax (901) 366-6856
 800-748-9632

PLEASE PRINT

CUSTOMER CREDIT APPLICATION

Business Legal Name		Trade Name or DBA Name		Phone No.	Fax No.
E-Mail:					
Billing Address		City	State	Zip	
Physical Address		City	State	Zip	
Federal ID #	Date Started	Check One: <input type="checkbox"/> Other (Identify) _____ <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			Place of Business <input type="checkbox"/> Own <input type="checkbox"/> Rent
Previous Business and Address					
Owner/Officer Name	Title	Home Address		Phone No.	
Owner/Officer Name	Title	Home Address		Phone No.	
Owner/Officer Name	Title	Home Address		Phone No.	
Accounts Payable Contact		Phone No.	Fax No.	P.O. Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Credit Line Requested
Tax Exempt <input type="checkbox"/> Yes <input type="checkbox"/> No		ICC #		Sales Tax Exempt #	
Trade Reference (Within Industry)		City	State	Zip	Phone No.
Trade Reference		City	State	Zip	Phone No.
Trade Reference		City	State	Zip	Phone No.
Bank Reference		City	State	Zip	Bank Officer Phone No.
Checking Account No.		Savings Account No.		Have you ever filed Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Filed: _____	
<p>If granted credit, we agree to pay all bills on the 10th of the month following purchase. All accounts are subject to a 1 1/2% APR service charge if account is not paid in thirty (30) days. We will impose a \$40.00 fee on all returned checks. In the event it is necessary to place this account with our attorneys or agents for collection, we agree to pay all costs incurred, including but not limited to reasonable attorney fees and court cost. I hereby authorize the referenced banking institutions and businesses to release any information to establish a line of credit with Crows Truck Service, Inc.</p>					
Signature:		Date:		OFFICE USE ONLY	
				Approved Credit Amount:	
Printed Name:		Approval:		Date:	
Title:		Secondary Approval:		Date:	