Justram equipment inc.

Credit Application

Full Company Name: _____

Doing Business As: _____

Address: _____

City: _____ State/Prov: _____ Zip Code: _____

Phone #: _____ Fax #: _____

Email Address for Receiving Invoices: _____

Established: _____ Corporation, Partnership or Sole Proprietor? _____

Federal Tax ID #: _____ Credit Limit Requested: _____

Purchasing Contact Name: _____

Phone #: _____ Email: _____

Preferred Shipment Carrier: _____ **Carrier Account #:** _____

Accounts Payable Contact Name: _____

Phone #: _____ Email: _____

Banking Information

Bank Name: _____ Account #: _____

Bank Contact: _____ Phone #: _____

Trade/Credit References

Please provide at least three (3) current references, **including email address**.

Company Name: _____ Account Contact: _____

Phone #: _____ Email (preferred): _____

Company Name: _____ Account Contact: _____

Phone #: _____ Email (preferred): _____

Company Name: _____ Account Contact: _____

Phone #: _____ Email (preferred): _____

Position/Title of Applicant: _____ Name: _____

Authorized Signature: _____ Date: _____