



## CREDIT APPLICATION

Full Business Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Web Site: \_\_\_\_\_

President / Owner: \_\_\_\_\_ Comptroller: \_\_\_\_\_

Account Payable Contact: \_\_\_\_\_

Parent Company: \_\_\_\_\_ Branch Location: \_\_\_\_\_

Type of Business:  Partnership  Sole Proprietor  Corporation

Partnerships and Sole Proprietors must provide the following information:

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

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Drivers License: \_\_\_\_\_

Has Ownership changed in the past year? YES  NO

If yes, Please enter date and previous owner name: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Dunn & Bradstreet #: \_\_\_\_\_

Payment Schedule Net: \_\_\_\_\_ days ICC #: \_\_\_\_\_ MC #: \_\_\_\_\_

Tax Exempt? YES  NO

Federal ID #: \_\_\_\_\_ - \_\_\_\_\_ Social Security#: \_\_\_\_\_

Are you on schedule with your payments now? YES  NO

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**This application will also serve as an authorization to release Information from your bank and any creditors who may need an authorization from you the customer. The information contained herein is confidential and is only supplied to the company for which you are applying for credit.**  
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Bank Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Fax #: \_\_\_\_\_

Checking Account #: \_\_\_\_\_ Checking Account #: \_\_\_\_\_

Officers Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Print Name:** \_\_\_\_\_

Credit References:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature of Person supplying information: \_\_\_\_\_

Please print name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

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**Please email completed form to Attention: [AR@worldcraftlogistics.com](mailto:AR@worldcraftlogistics.com); [Dispatch@worldcraftlogistics.com](mailto:Dispatch@worldcraftlogistics.com)**  
**Thank you for choosing WorldCraft Logistics**