

# CYPRESS

## TRUCK LINES, INC.

### Credit Application

If you are applying for an account with Cypress Truck Lines, Inc., the following information must be completed and faxed back to (904) 353-4782 Cypress Truck Lines, Inc. for approval.

#### Company Profile

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

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

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

\*\*\*\*If different from above\*\*\*\*

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

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

Phone #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

Type of business: \_\_\_\_\_ Yrs.in business: \_\_\_\_\_

Has applicant / officer ever filed for bankruptcy? (yes) \_\_\_\_\_ (no) \_\_\_\_\_

If (yes) what was the file date? \_\_\_\_\_

Incorporated: (yes) \_\_\_\_\_ (no) \_\_\_\_\_ State of Corporation: \_\_\_\_\_

Federal I.D.# \_\_\_\_\_ D & B #: \_\_\_\_\_

Social Security#: (of principle owner) \_\_\_\_\_

License #: \_\_\_\_\_ SCAC #: \_\_\_\_\_

#### Names of Company Officials

President: \_\_\_\_\_ V.President: \_\_\_\_\_

CFO: \_\_\_\_\_ Controller: \_\_\_\_\_

Accts.Payable: \_\_\_\_\_

#### References

\*\*\*Please supply Transportation references if at all possible\*\*\*

	<u>Name</u>	<u>Phone</u>	<u>Contact</u>
Bank:	_____ ( ) _____	_____	_____
Ref :	_____ ( ) _____	_____	_____
Ref :	_____ ( ) _____	_____	_____
Ref :	_____ ( ) _____	_____	_____

#### Payment Terms and Agreement

\*\*\*\*\* Payment terms are 15 days from invoice date \*\*\*\*\*

In the event it becomes necessary for Cypress Truck Lines, Inc. to file a lien, suit or engage a collection agency or an attorney, the applicant agrees to bear all expenses incurred by Cypress Truck Lines, Inc., including but not limited to attorney fees, court cost and interest. Also, by signing this credit application the applicant grants Cypress Truck Lines, Inc. the right to do a credit check on the company and or key employee(s).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title