

**PLEASE FAX AND MAIL ORIGINAL TO BETTY COOKE**  
**FAX 360/750-7597**  
**CONFIDENTIAL CREDIT APPLICATION**

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

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

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

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

A/P Phone #: \_\_\_\_\_ A/P Fax #: \_\_\_\_\_

A/P Contact Name: \_\_\_\_\_ Year Started: \_\_\_\_\_

Business Type: \_\_\_\_\_ Organization Type: \_\_\_\_\_ Private \_\_\_\_\_ L.L.C.  
\_\_\_\_\_ Corp. \_\_\_\_\_ Partner

Owner: \_\_\_\_\_

How soon do you pay after receipt of invoice? \_\_\_\_\_ Days.

**TRADE REFERENCES (TRUCKING COMPANIES)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Account #: \_\_\_\_\_ Manager: \_\_\_\_\_

The above information is warranted to be true. I/We hereby authorize our credit references and bank to release any information necessary to assist Mitchell Bros. Truck Line, Inc. in establishing a line of credit. I/We agree to pay invoices within 14 days in accordance with your terms. I/We hereby agree to pay all reasonable collection costs according to your tariff.

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_