

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: _____