
CREDIT APPLICATION

DETAIL OF APPLICANT:

Company Name: _____

Contact Name: _____ Position: _____

Type of Business: Corporation Partnership Personal Years in Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____ Cell: _____

Name of Guarantor of Account: _____

Signature of Guarantor: _____

FINANCIAL INFORMATION:

Name of Bank: _____ Account Number: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Credit Card: _____ Expiration: _____

SUPPLIERS/CREDIT REFERENCES

1. Company: _____ Phone Number: _____

2. Company: _____ Phone Number: _____

3. Company: _____ Phone Number: _____

AUTHORIZATION

All invoices must be paid in full within 30 days of invoice date. A late fee of 1.5 % of the balance will be charged each month on unpaid invoices. All legal and collection fees will be paid by the customer. The signature below represents agreement on behalf of the company and is guarantor of all amounts due. Customer grants Easy-Haul Inc. the authority and permission to charge credit card above for any unpaid invoices after 60 days.

Authorized Signature / Guarantor

Print Name

Please Fax completed application to: 251-929-3211