



**GRIFFIN**  
TRANSPORT SERVICES, INC.

## CREDIT APPLICATION & AGREEMENT

APPLICANT (BUSINESS OR CORPORATE NAME)				ACCOUNTS PAYABLE CONTACT NAME & PHONE #			
BUSINESS STREET ADDRESS				BILLING ADDRESS (STREET OR P.O. BOX)			
CITY		STATE	ZIP	CITY		STATE	ZIP
BUSINESS PHONE #		YEARS ESTABLISHED		TYPE OF BUSINESS:		IF INCORPORATED	
		NO. OF EMPLOYEES		SOLE PROPRIETOR		IN STATE OF:	
BUSINESS FAX #		BUSINESS BLDG IS:		PARTNERSHIP		DUNS NUMBER:	
		owned      rented		CORPORATION		FINANCIAL STATEMENT	
						WILL BE MAILED	
						ENCLOSED	
						DECLINED	
PRINCIPAL BUSINESS ACTIVITIES			PRIMARY SIC CODE	FEDERAL IDENTIFICATION NUMBER		HAS OWNERSHIP CHANGED IN THE LAST 2-5 YRS? (if yes, explain on separate sheet of paper)	
						YES      NO	
CREDIT REFERENCES - 3 required (Names, Addresses & Phone Numbers):							
BANK REFERENCE: Checking    Loan    Savings    Bank Name: _____ Phone: _____ Account #: _____							

**TERMS:** Our payment terms are **Net 10 days**. In consideration of Griffin Transport Services, Inc. extending credit to the Applicant, the Applicant agrees to pay for services rendered/funds to be advanced for the Applicant in accordance with our terms and conditions. Applicant agrees to each of the terms and conditions of Griffin Transport Services, Inc. to the Applicant. Applicant acknowledges that all sums due Griffin Transport Services, Inc. which have not been paid according to terms may be subject to late payment penalties and/or credit suspension. Should it become necessary to place the account with a collection agency or attorney, the Applicant agrees to pay all collection and attorney fees in addition to all other sums due. Applicant authorizes Griffin Transport Services, Inc. to obtain credit and financial information concerning the Applicant at any time and from any source. The undersigned warrants that the above agreement has been carefully read and that Applicant understands it completely.

WE ESTIMATE MONTHLY OUTLAYS REQUIRED FOR FREIGHT & DUTIES AT: \$ _____  WE REQUEST A MONTHLY CREDIT LINE OF: \$ _____	PRINT NAME OF APPLICANT _____ TITLE _____  SIGNATURE OF APPLICANT _____ DATE _____
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<b>For use by Griffin Transport Services, Inc.</b>			
Credit Approved by: _____	Date: _____	Credit Line: _____	Terms: _____
Distribution for Initial & Return: (Executive & Dept. Managers)			