

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

Vandegrift Forwarding Company, Inc.

One Evertrust Plaza
Jersey City, New Jersey 07302
P (201) 915-9500 F (201) 915-9506

Instructions: Type the following, print out, sign, and then return by both fax and mail.

BUSINESS CONTACT INFORMATION

Name:		Title:	
Exact Legal Name of Company:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:			
Check Appropriate Box: Sole proprietorship Partnership Corporation LLC Other:			

BUSINESS AND CREDIT INFORMATION

Federal Tax ID#:		D&B Number:	
Bank name:		Bank Contact Person:	
Phone:		Email:	
Bank address:		Fax:	
City:		State:	ZIP Code:
<u>Type of account</u>	<u>Account number</u>		
Savings			
Checking			
Other:			

BUSINESS/TRADE REFERENCES

1. Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
2. Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
3. Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. All invoices are due upon receipt or based on the credit terms issued upon review of this application.
2. Claims arising from invoices must be made within seven working days.
3. By signing and submitting this application, you authorize Vandegrift Forwarding Company, Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Applicant: Signature_____	Witness: Signature_____
Title_____	Title_____
Date_____	Date_____