



6861 Watcher Street, Commerce, CA 90040

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loads@commercecarriers.com

CREDIT APPLICATION FOR BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION			
Title:			
Company name:			
Phone:	Fax:	Email:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
DUNS#:	Type of Business: Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other <input type="checkbox"/>		
BUSINESS AND CREDIT INFORMATION			
Primary business address:			
City:	State:	ZIP Code:	
How long at current address?			
Telephone:	Fax:	Email:	
Principle(s):			
Phone:	Email:		
Partner:			
Phone:	Email:		
Partner:			
Phone:	Email:		
Accts. Payable Contact:			
Phone:	Email:		
BUSINESS/TRADE REFERENCES			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	Email:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	Email:	
Type of account:			
AGREEMENT			
1. All invoices are to be paid seven (7) days from the date of the invoice. 2. Claims arising from invoices must be made within seven (7) working days. 3. By submitting this application, you authorize Commerce Carriers to make inquiries into the banking and business/trade references that you have supplied.			
SIGNATURES			
Signature: _____		Signature: _____	
Title: _____	Date: _____	Title: _____	Date: _____