



CREDIT APPLICATION

BUSINESS INFORMATION

Company Name:

Physical Address:

City:

State:

ZIP Code:

Tax ID #:

Mailing Address If Different from Above:

City:

State:

ZIP Code:

Accounts Payable (A/P) Contact:

A/P Phone:

A/P Fax:

A/P Email:

Years in Business:

Type of Company: LP LLP LLC C-Corp S-Corp Other:

BUSINESS LOCATIONS

(PLEASE INDICATE ALL LOCATIONS THAT WILL BE BILLED UNDER THIS ACCOUNT)

LOCATION	SHIPPING CONTACT	CONTACT PHONE NUMBER

BANK INFORMATION

Bank name:

Bank Contact:

Phone:

City:

State:

ZIP Code:

Type of account: Checking Savings Loans LOC Checking Acct #:

CREDIT REFERENCES

Trade Reference Name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Trade Reference Name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Trade Reference Name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

AGREEMENT

1. All invoices are due upon receipt.
2. By submitting this application, you authorize Southwind Freight and Global Logistics, LP d/b/a Levinge Freight Lines to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURE

Signature:

Printed Name:

Title:

Date: