

Credit Application

Frontline Logistics, Inc.
P.O. Box 756
South Lyon, MI 48178
Ph# 734-449-9474
Fx# 734-449-9596

		(Billing Address)
(Firm Name)		
(Type of Business)		(Street Address)
(Phone)	(800)	(Fax)

Ownership: Corporation Partnership Sole Proprietorship Other _____
Federal ID # _____ Year Business Established _____ Number of Employees _____
Payment Terms: NET 30; A LATE PAYMENT FEE OF 2% PER MONTH WILL BE APPLIED.

CORPORATE PRINCIPALS / PARTNERS / OWNER

Name _____ Title _____ Address _____
Name _____ Title _____ Address _____
Affiliate Companies _____
Branch Offices _____

CREDIT REFERENCES

Please list three **carrier** credit references that you have done business with at least one year.

Creditor _____ Phone () _____ Contact _____
Address _____ City _____ State _____ Zip _____
Creditor _____ Phone () _____ Contact _____
Address _____ City _____ State _____ Zip _____
Creditor _____ Phone () _____ Contact _____
Address _____ City _____ State _____ Zip _____

FINANCIAL INFORMATION

I (we) hereby authorize the release of information pertaining to checking account # _____, savings account # _____ and any other accounts held at the following bank/lending institution.
Bank _____ Officer _____ Phone _____

I (we) certify that all the information on this form is true and correct.

Name _____ Title _____
Signature _____ Date _____