

Adkins Transport

Credit Application

Company Information		
Company Name		Date
_____		_____
Type of Business		In Business Since
_____		_____
Street Address, City, State, Zip		

Billing Address, City, State, Zip		

Phone Number	Fax Number	Web Address
_____	_____	_____
Contact Person		Contact Email
_____		_____
Expected Monthly Business with Adkins Transport		\$
_____		_____
Do You Have A Parent Company <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, Provide Parent Company Name and Address. _____		

Bank Information	
Bank Name / Contact	

Street Address, City, State, Zip.	

Phone Number	Checking Account Number
_____	_____
FOR YOUR SAFETY : Only enter account number if you are hand delivering this application. If mailing you will be contacted later for account number.	

REFERENCES

List three trade references not related to you who have knowledge of your credit account history.

Company	Account Number
Address, City, State, Zip	
Contact Name	Years of Account
Phone Number	Contact Email

Company	Account Number
Address, City, State, Zip	
Contact Name	Years of Account
Phone Number	Contact Email

Company	Account Number
Address, City, State, Zip	
Contact Name	Years of Account
Phone Number	Contact Email

ADDITIONAL SPACE

Additional space provided to expand on any points or questions asked previously in this application

TERMS

In Consideration for extension of credit, debtor agrees to (1) Credit Terms of NET 15 DAYS from invoice due date, and (2) in the event it becomes necessary for creditor to either bring suit or employ a collection agency to aid in the recovery of any debt owed by the debtor, the creditor shall be entitled to recover, in addition to the amount of debt due, all of its costs and attorneys fees. The signature below authorizes Adkins Transport to charge interest on outstanding balances OVER 15 DAYS OLD at a rate of 1.0% per month (12% per annum) or to the extent permitted by law.

We hereby authorize the above listed Bank and Trade References to release information to Adkins Transport for use in the evaluation of this Credit Account request.

Signature of Officer ***

Date of Signature

Print Officer Name and Title

*****Credit cannot be granted without a signature acknowledging credit terms.**

Print, Sign and Mail or Bring to:

**Adkins Transport
2420 Woods Valley Road
Cumberland Furnace, TN 37051**

Office 931-801-5163