



TM LOGISTICS, LLC.  
**CREDIT APPLICATION**



**BUSINESS CONTACT INFORMATION**

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

**BUSINESS AND CREDIT INFORMATION**

Primary business address:			
City:		State:	ZIP Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account:	Account number:		
Savings			
Checking			
Other			

**BUSINESS/TRADE REFERENCES**

<b>Company name:</b>			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
<b>Company name:</b>			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
<b>Company name:</b>			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

**AGREEMENT**

The undersigned on behalf of the Applicant authorizes TM Logistics, LLC. to obtain such information as it may require from the above bank and trade references which have been furnished by the applicant for the purpose of obtaining credit. A fax of photocopy of this form will be deemed as acceptable authorization for the release of any necessary credit information. The undersigned certifies that this application has been accurately completed and represents current data. This application is made with the understanding and agreement that all charges will be due and payable by the 30<sup>th</sup> day after billing date, unless other terms are stated thereon. In the event the account becomes delinquent, the undersigned agrees to pay all attorney fees and cost extended to effect collection of the account.

**SIGNATURES**

Title:	Title:
Date:	Date: