



Corporate Credit Application

Business Name: _____
Billing Address: _____
City/State/Zip: _____
Phone Number: _____ Fax Number: _____
A/P Contact Name: _____
Type of Business: _____ Years in Business _____
If Broker, MC Number: _____

Billing Requirement(s) () Bill of Lading () Delivery Receipt
() Pre-Bill () Miscellaneous Instructions

Credit Information

Name and Location of Bank: _____
Bank Phone Number: _____
Bank Account: _____
Person to Contact: _____
D&B Number: _____

Please provide the name and phone numbers of at least three carriers this company has been doing business with for the past year:

Carrier References

1. Carrier Name: _____ (Phone Number) _____
2. Carrier Name: _____ (Phone Number) _____
3. Carrier Name: _____ (Phone Number) _____

I, the undersigned, being a duly authorized individual, do hereby authorize Navajo Express to contact the above listed references for the purpose of obtaining credit information for consideration of granting credit.

Signature Title Date

Credit Terms are 15 days extended to 30 days from bill date, which includes holidays and weekends. No extensions beyond 30 days. If you have additional information please fax it to 303-487-5030 attn: Shirley