



## CENTRAL TRANSPORT NEW ACCOUNT FORM

12225 Stephens Road Warren, MI 48089 (586) 939-7000 www.centraltransport.com

NAME:

Credit applications are required for all customers not in the CTII system. Completed forms should be given to your sales rep for review and submission to the Pricing Department. (Attn Sales Rep: Forms MUST be emailed to <a href="mailto:creditapp@centraltransport.com">creditapp@centraltransport.com</a> — you must also include the preq # in the subject line)

| Dilling Address                                                                                                                                          |                           | Ott. 181 :                                                   | 1.11.                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------|-----------------------|--|
| Billing Address:                                                                                                                                         |                           | Office/Shipping Address (if different than billing address): |                       |  |
| Company Name                                                                                                                                             |                           | Company Name                                                 |                       |  |
|                                                                                                                                                          |                           |                                                              |                       |  |
| Contact Name                                                                                                                                             |                           | Contact Name                                                 |                       |  |
|                                                                                                                                                          |                           |                                                              |                       |  |
| Street Address                                                                                                                                           |                           | Street Address                                               |                       |  |
|                                                                                                                                                          |                           |                                                              |                       |  |
| Residential?                                                                                                                                             |                           | Residential?                                                 | □ US □CAN □MEX        |  |
| Residential: 1723 12 NO 12 OS 12 CM 12 NEX                                                                                                               |                           | Residential: 2.129 2.119 2.03 2.644 2.1112.X                 |                       |  |
| State / Drawings                                                                                                                                         |                           | State / Dravings                                             |                       |  |
| State/Province                                                                                                                                           |                           | State/Province                                               |                       |  |
|                                                                                                                                                          |                           |                                                              |                       |  |
| City                                                                                                                                                     | Zip/Postal Code           | City                                                         | Zip/Postal Code       |  |
|                                                                                                                                                          |                           |                                                              |                       |  |
| Phone                                                                                                                                                    | Ext                       | Phone                                                        | Ext                   |  |
|                                                                                                                                                          |                           |                                                              |                       |  |
| Email                                                                                                                                                    | _                         | Email                                                        |                       |  |
|                                                                                                                                                          |                           |                                                              |                       |  |
| General Information:                                                                                                                                     |                           |                                                              |                       |  |
|                                                                                                                                                          |                           | S. 1 /D :                                                    |                       |  |
| Federal Tax ID:                                                                                                                                          | Corporation Country       | State/Province                                               |                       |  |
|                                                                                                                                                          | □ US □CAN □MEX            |                                                              |                       |  |
| Dun & Bradstreet #                                                                                                                                       | At present location since | Credit Amo                                                   | Credit Amount         |  |
|                                                                                                                                                          | MM/DD/YYYY                |                                                              |                       |  |
| Contact Name                                                                                                                                             | Title                     | Email Address                                                |                       |  |
|                                                                                                                                                          |                           |                                                              |                       |  |
| Phone                                                                                                                                                    | Ext                       |                                                              | _                     |  |
|                                                                                                                                                          | Are you                   | an internet shipper via Craigslist or Ebay                   | /? □ YES □ NO         |  |
| Are the premises leased? ☐ YES ☐ NO                                                                                                                      | Company Composition       | ? (check) □ INDIVIDUAL □ PARTNERSH                           | IP □ CORPORATION □LLC |  |
| ·                                                                                                                                                        | company composition       | (eneck) I morrisone I miniment                               | II L COM ON MION LEEC |  |
| Bank Information:                                                                                                                                        |                           |                                                              |                       |  |
| Bank Name                                                                                                                                                | Account Number            | Account Ty                                                   | pe                    |  |
|                                                                                                                                                          |                           |                                                              |                       |  |
| Bank Address                                                                                                                                             | Branch Name               | Bank Conta                                                   | ct Officer            |  |
|                                                                                                                                                          |                           |                                                              |                       |  |
| City                                                                                                                                                     |                           | State/Province                                               | Zip/Postal Code       |  |
| □ US □CAN □MEX                                                                                                                                           |                           |                                                              |                       |  |
| Terms & Conditions                                                                                                                                       |                           |                                                              |                       |  |
| All invoices are to be paid 15 days from the date of invoice. Claims arising from invoices must be made within seven working days.                       |                           |                                                              |                       |  |
| By submitting this application, you authorize Central Transport to make inquiries into the banking and business/trade references that you have supplied. |                           |                                                              |                       |  |
| l agree to the terms as stated above. Customer Signature: Date:                                                                                          |                           |                                                              |                       |  |
| ACCEPTANCE AND APPROVAL (Office use only):                                                                                                               |                           |                                                              |                       |  |

APPROVED CREDIT LIMIT:

DATE: