



P.O. Box 8100, San Antonio, TX. 78208 * (210) 447-3627 * FAX (800) 809-9976

CREDIT APPLICATION

COMPANY NAME: _____

ADDRESS: _____

TELEPHONE NO: _____ FAX NO: _____

TYPE OF ORGANIZATION (CHECK ONE)

Corporation Partnership Single Proprietorship Others: _____

TAX ID NO.: _____ DUN & BRADSTREET NO.: _____

TYPE OF BUSINESS: _____ DATE ESTABLISHED: _____

NAMES OF OWNERS/OFFICERS:

NAME: _____	TITLE: _____
NAME: _____	TITLE: _____
NAME: _____	TITLE: _____
NAME: _____	TITLE: _____

CREDIT TERM APPLIED FOR: (Check your preference)

COD Company Check Net 7 Days Net 15 Days Net 30 Days

TRADE REFERENCES

COMPANY NAME: _____	COMPANY NAME: _____
TELEPHONE NO: _____	TELEPHONE NO: _____
FAX NO.: _____	FAX NO.: _____

COMPANY NAME: _____	COMPANY NAME: _____
TELEPHONE NO: _____	TELEPHONE NO: _____
FAX NO.: _____	FAX NO.: _____

COMPANY NAME: _____	COMPANY NAME: _____
TELEPHONE NO: _____	TELEPHONE NO: _____
FAX NO.: _____	FAX NO.: _____

I hereby certify that the above information is correct and I authorize SMS Logistics, Inc. to verify the same.

Printed Name

Signature

Title

Date