ALL-WAYS TRUCKING INCORPORATED

3639 Aviation Way
Medford, OR 97504
Wats: (800) 888-6230 Local: (541) 779-9295 Fax: (541) 779-9210

APPLICATION FOR CREDIT

BY: _____ _____
Name of Business Telephone

_____ _____
Street Address Fax Number

_____ _____
Mailing Address eMail Address

_____
City, State, Zip Code

The following information must be completed in full, and will be held in the strictest of confidence.

Ownership: ☐ **Corporation** ☐ **Partnership** ☐ **Individual** ☐ **LLC**

_____
Name of Principal Address Phone Number

Bank Reference:

_____
Bank Fax Number Phone Number

_____
Bank Officer Account Number

Freight or Vendor References:

1) _____
Business Name Fax Number Phone Number

2) _____
Business Name Fax Number Phone Number

3) _____
Business Name Fax Number Phone Number

4) _____
Business Name Fax Number Phone Number

_____
Dun and Bradstreet Number and Rating if Applicable

We hereby authorize the release of credit and/or financial information from our bank and other financial institutions or firms with whom we have done business.

The person signing this document declares that he/she is authorized to sign this document on behalf of client, and, if credit is granted, agrees to the terms described herein.

By signing this form, the undersigned certifies that all information on this form is correct and understands that payment of all freight invoices/charges are due within thirty (30) days of the date of the invoice; and agrees to timely payment in consideration of extended credit. Customer agrees that invoices past due will incur interest charges at the rate of 1.5% monthly (18% per annum). In the event that an account must be turned over to an attorney or collection agency, the customer will be obligated to pay all fees and court costs. The customer agrees that should litigation become necessary, lawsuit jurisdiction may be Jackson County, Oregon.

Signed: _____
Officer, Owner, Partner

Date: _____ Title: _____