



**CREDIT APPLICATION FORM 003**

Company \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_

Address \_\_\_\_\_ DUNS# \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

Accounts Payable Contact and telephone # \_\_\_\_\_

Business Type - \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_ Proprietorship

**NAME AND ADDRESS OF CORPORATE OFFICERS AND/OR OWNERS**

\_\_\_\_\_  
\_\_\_\_\_

**CARRIER CREDIT REFERENCES – Please provide three references.**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**TRADE REFERENCES – Please provide two references.**

1. \_\_\_\_\_

2. \_\_\_\_\_

**BANK REFERENCES**

Bank \_\_\_\_\_ Branch \_\_\_\_\_ Account \_\_\_\_\_

Address \_\_\_\_\_ Contact \_\_\_\_\_

**SIGNATURE/AUTHORIZATION**

THANK YOU FOR YOUR BUSINESS! All invoices must be paid within 30 days of the invoice date. Late charges of 1.5% per month will apply on balances not paid by the 30<sup>th</sup> day. KSCS must be notified of any change in ownership within fifteen days of change. If applicant defaults on payment of valid freight charges, KSCS attorneys and/or collection fees will be paid by applicant. This application is to be signed by a partner or authorized officer. By signing this agreement you are representing yourself as an authorized partner or officer of the above listed company and are accepting responsibility for all freight and ancillary charges not paid by the company listed in this application:

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_