



8400 ISIS AVENUE ▪ LOS ANGELES, CA 90045  
P.O. BOX 621126 ▪ LOS ANGELES, CA 90062  
TEL: 310.338.0625 ▪ FAX: 310.338.9543

**CREDIT APPLICATION**

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

**Accounting Department Information:**

Accounts Payable Contact: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

Requirements for Billing: Delivery Order Copy \_\_\_\_\_ Invoice Only \_\_\_\_\_

Headquarter Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Nature of Business \_\_\_\_\_ Motor Carrier ID # \_\_\_\_\_

President \_\_\_\_\_

**Bank References:**

Name \_\_\_\_\_ Branch \_\_\_\_\_

Account # \_\_\_\_\_ Contact \_\_\_\_\_ Phone# ( ) \_\_\_\_\_

**Trade References:**

Name and Address \_\_\_\_\_ Acct# \_\_\_\_\_

Credit Line Requested \$ \_\_\_\_\_ Terms -30 Days

Attach Current Financial statement (if Available)

The undersigned officer of the company authorizes as to credit information. I/We acknowledge that credit Privileges, if granted, may be withdrawn at any time and certify the above information to be true. I/We also Understand that all charges will be paid within the specified credit terms of On Time Truckers Inc Invoice.

Date \_\_\_\_\_ By (Type Or Print) \_\_\_\_\_ Signature \_\_\_\_\_



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In order to process your application for credit with our company' we will need the following information from your banking institution. Please sign and forward to your contact. When they have completed this form, please have them fax it to number listed above.

Thanks in advance for your cooperation.

ON TIME TRUCKERS INC.

Bank account number: \_\_\_\_\_

Name on account: \_\_\_\_\_

Date established: \_\_\_\_\_

Average balance: \_\_\_\_\_

Outstanding loan amounts: \_\_\_\_\_

Amount of line of credit: \_\_\_\_\_

Authorized signature of company: \_\_\_\_\_ Date \_\_\_\_\_

Authorized signature of bank: \_\_\_\_\_ Date \_\_\_\_\_