

# Confidential Taylor Logistics Inc. Business Credit Application

Please type directly into the blue text boxes. Thank you!

## Name/Address

Last:	First:	Middle Initial:	Title:
Name of Business:			Tax I.D Number;
Address:			
City:	State:	Zip:	Phone Number:

## Company Information

Type of Business:	In Business Since:			
Legal Form Under Which Business Operates: ( please check one)				
Corporation	Partnership	Proprietorship		
If Division/Subsidiary, Name of Parent Company:	In Business Since:			
Address:	City:	State:	Zip:	Phone:
Name of Company Principal Responsible for Business Transactions:		Title:		
Address:	City:	State:	Zip:	Phone:

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## Bank References

Institution Name:	Institution Name:	Institution Name:
Checking Account #:	Savings Account #:	Loan#                  Loan Balance:
Address	Address:	Address:
Phone	Phone:	Phone:

## Trade References

Company Name:	Company Name:	Company Name:
Address	Address:	Address:
Phone	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. I agree to abide the TLI Terms & Conditions found on the TLI website [taylorlogistics.com](http://taylorlogistics.com). We report outstanding AR balances to 3 credit separate credit companies monthly.

Full Name

Initials

Date