



CREDIT APPLICATION

Company Name _____

Address _____

Telephone _____

Fax: _____

A/P Contact _____

A/P Email _____

Type of Business: (please circle one)

Individual

Proprietorship

Partnership

Corporation

Banking Information

Name of Bank: _____

Bank Contact: _____

Bank Address: _____

Telephone _____

Account # _____

Trade References

1. _____

FAX _____

2. _____

FAX _____

3. _____

FAX _____

Amount of Credit Requested: _____

Authorized Signature _____

Date: _____

Terms are net 30 days from date of invoice. Any other terms must be approved in writing by KRG Logistics Inc. Applicant authorizes KRG Logistics Inc. to obtain such credit information as may be required to conduct a credit check.