

1206 Croton Drive
Barefoot Bay, FL 32976
sandy@allsystemsgotransport.com
Ph: 772-664-2470



445 Talamore Drive
Stephens City, VA 22655
jennifer@allsystemsgotransport.com
Ph: 540-868-8058

Federal ID# 84-1692040 MC# 538470-B

CREDIT APPLICATION

BILL TO:

Legal Company Name: _____

Street Address: _____

P.O. Box: _____ City/State/Zip: _____

Telephone No.: () _____ Facsimile No.: () _____

Mobile No.: () _____

Accts. Payable Contact & Telephone No.: _____

Payment will be made by Check Electric Funds Transfer (EFT)

Federal ID No: _____ **Years in Business:** _____ **Purchase Order Required** Yes No

Type of Business: _____

If a **PROPRIETOR** or **PARTNERSHIP**, please complete this section: Proprietor Partnership LLP

Partner or
Proprietor Name: _____ Home Tel.: () _____

Street: _____ SS No.: _____

City/State/Zip: _____ Birth Date: _____

Serving the United States and Canada

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If a CORPORATION, or LIMITED LIABILITY COM C-Corp S-Corp LLC

Please complete this section:

Managing Member: _____

President: _____ Secretary: _____

Vice President: _____ Treasurer: _____

Please provide one bank, two trade references, and two transportation companies (attach additional schedules if necessary):

Bank Name: _____ **Checking Acct No.:** _____

City: _____ **Point of Contact:** _____

Company Name: _____ **Point of Contact:** _____

Phone Number: _____ **Email:** _____

Company Name: _____ **Point of Contact:** _____

Phone Number: _____ **Email:** _____

Transportation Company Name: _____ **Point of Contact:** _____

Phone Number: _____ **Email:** _____

Transportation Company Name: _____ **Point of Contact:** _____

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Phone Number: _____ Email: _____

NOTICE TO CUSTOMER:

Credit line requested: \$ _____

All Systems Go Transportation, Inc. payment terms are **net 15 days**. **Unpaid balance is subject to finance charge of 1.5% per day starting the 16th day from invoice date.** I authorize **All Systems Go Transportation, Inc.** to contact any or all references listed above and further authorize these references to disclose financial information requested by **All Systems Go Transportation, Inc.** I authorize **All Systems Go Transportation, Inc.** to obtain information regarding my credit on a continuing basis. I authorize **All Systems Go Transportation, Inc.** to provide information about my credit to a third party. I guarantee to pay all costs and expenses of legal or collection proceedings to collect any delinquent account, including reasonable attorney's fees. I agree to notify **All Systems Go Transportation, Inc.** in writing of any material change in any information set forth herein and provided herewith.

Signature of Authorized Representative

Title

Date

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