

## **Credit Application**

P.O. Box 8045 Rockford, IL. 61126 4814 American Road Rockford, IL. 61109

Company Name:			
Billing Address:			
Receiving Address:			
Shipping/Receiving Hou	rs of Operation:		
Phone #:	F;	ax#:	
How long in business at	this address: Previous Addr	Previous Address:	
Traffic Mgr.:	Acct. Payable Cc	Acct. Payable Contact:	
Bank Name:	Address:	Address:	
Contact Name:	Acct. Payable En	Acct. Payable Email Address:	
	Credit Refere	nces	
Complete	ely fill out the following information or cre	edit with our company will be delayed.	
1) Company Name:	Address:		
City & State:	Phone#:	Fax#:	
2) Company Name:	Address:		
City & State:	Phone#:	Fax#:	
3) Company Name:	Address:		
City & State:	Phone#:	Fax#:	
Shipping charges are due ar be considered "past due" a business will be done on a c	nd our collection efforts will begin. Should bills b ash only basis.	ipment. Freight charges over thirty (30) days old will be unpaid at sixty (60) days after shipment, future	
	bject to a minimum penalty of \$15.00. When the n additional \$5.00 per \$100.00 or fraction thereo	e unpaid amount of each freight bill exceeds \$100.00, f.	
		nce of a high declared value or the absence of any that portion of the consignment to which the loss/	
Print Name:	Title:		
Signature:	Authorized Signature of Officer for	Cradit Chack	
	Autonized Signature of Officer for		
At Ci	DDD SPECIAL SERVICES, Inc. tn: Kimberly Anderson redit & Collections Department x:815-398-1702 Phone: 800-892-7401 EM	IAIL: toddcollections@toddtransit.com	