



# GHOST TRANSPORTATION SERVICES

**“Your Partner With Spirit”**

## APPLICATION FOR CREDIT

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

Full Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Head Office: \_\_\_\_\_

A/P Contact: \_\_\_\_\_ Direct Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Is your business a:     Proprietorship     Corporation     Partnership

Company Officers/Owners:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Commenced: \_\_\_\_\_

Bank: Name \_\_\_\_\_ Address: \_\_\_\_\_

Acct# \_\_\_\_\_ Phone: \_\_\_\_\_

### Freight Carrier References:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

Amount of Credit Requested: \_\_\_\_\_

*I/we understand that invoices are due and payable within seven (7) days of receipt and no statements shall be issued.*

*I/we understand that failure to comply with the above will be cause for cancellation of credit privileges without notice.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Please Fax Credit Application to (306) 249-3335**