



**CREDIT REQUEST** Check here if Broker

Company: \_\_\_\_\_

Line of Credit Requested: \_\_\_\_\_

Credit Release #: \_\_\_\_\_

Line of Credit Extended: \_\_\_\_\_

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

Approvals: \_\_\_\_\_

Terminal: \_\_\_\_\_

**Load Information:**

Load Date: \_\_\_\_\_ Load Revenue: \_\_\_\_\_ Commodity: \_\_\_\_\_

Number of Loads: \_\_\_\_\_ (Day - Week - Month)

From: Company: \_\_\_\_\_

Location: \_\_\_\_\_

To: Company: \_\_\_\_\_

Location: \_\_\_\_\_

**Credit Check Requested For:**

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Broker MC #: \_\_\_\_\_ Duns #: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Contact: \_\_\_\_\_ Federal Tax I.D. Number: \_\_\_\_\_

Years In Business: \_\_\_\_\_ Has the firm or any of its Principals ever filed bankruptcy? Yes  No

E.D.I. Capable: Yes  No  E.F.T. Capable: Yes  No  Auto Pay: Yes  No

**Required documentation for Brokers: Surety Bond Broker Authority**

**Required Customer Documentation For Freight Payment:**

Bill of Lading:  Load / Reference Number:

Copy of Permits:  Copy of Scale Tickets:  Other: \_\_\_\_\_

**Carrier References:**

\_\_\_\_\_  
(Name) (Address) (Phone Number)

\_\_\_\_\_  
(Name) (Address) (Phone Number)

\_\_\_\_\_  
(Name) (Address) (Phone Number)

**Bank Reference:**

\_\_\_\_\_  
(Name) (Address) (Phone Number)

\_\_\_\_\_  
(Account Number) (Contact)

**Return Completed Credit Form To: (586) 920-0931**

**For Internal Use Only: Limit: \_\_\_\_\_ Balance: \_\_\_\_\_ Want: \_\_\_\_\_ ADP: \_\_\_\_\_**