



W2 LOGISTICS

"Equipment you can count on. People you can trust!"

Credit Request Form

Completed forms should be returned to your Client Manager or Account Executive for review and submission. Feel free to email the completed Credit Request Form to either bart@w2log.com or mariana@w2log.com

Billing Address:				Shipping Address			
Company Name:				Company Name:			
Attention:				Attention:			
Street Address:				Street Address:			
City, State, Zip:				City, State, Zip:			
Telephone:				Telephone:			
Email:				Email:			
Customer Information							
Federal Tax ID No			Company Composition:				
			<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Corporation				
Dun & Bradstreet Number:			Amount of credit Requested:		Anticipated Monthly Volume:		
Main Contact:		Title:		Email:		Phone #	
A/R Contact:		Title:		Email:		Phone #	
Invoices Supplied Via: <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Website							
Please specify Email Address or Website:							
Bank Information							
Bank Name			Branch Name		Bank Contact Officer		Phone no and extension:
Bank address:			City		State	Zip	Type and account #
Terms and Conditions							
<p>*All invoices are to be paid 30 days from the date of the invoice.</p> <p>By submitting this application, you authorize W2 Logistic Inc. to make inquiries into the banking and business/trade references that you have supplied.</p> <p>I agree to the terms as stated above. <i>Customer Signature:</i> _____ <i>Date:</i> _____</p>							
CREDIT APPROVAL SIGNATURES							
Name:				Credit Limit Approved:			
Date:							