

Credit Application

Circle Logistics, Inc.

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BILLING & BUSINESS INFORMATION

BUSINESS NAME

STREET ADDRESS

CITY

STATE

ZIP

FEDERAL ID NUMBER

SCAC CODE

D & B NUMBER

MC NUMBER

APPLICATION COMPLETED BY

TITLE

DATE

MAILING ADDRESS (if different from business address)

STREET ADDRESS

CITY

STATE

ZIP

()

PHONE

EXTENSION

()

FAX

A/P CONTACT PERSON

EMAIL ADDRESS

WEB ADDRESS

A/PSUPERVISOR

COMPANY PROFILE

CORPORATION

PARTNERSHIP

LLC

SOLE PROPRIETORSHIP

DATE YOU STARTED BUSINESS

CREDIT REQUESTED

\$ _____

HAVE YOU EVER FILED BANKRUPTCY?

YES

NO

IF SO, WHEN?

NO. OF EMPLOYEES

ANNUAL REVENUE

\$ _____

OFFICERS OR PRINCIPALS

NAME

TITLE

RESIDENCE

SSN

NAME

TITLE

RESIDENCE

SSN

NAME

PHONE

ALTERNATIVE PHONE

(EMERGENCY CONTACT INFORMATION - THIS INFORMATION IS FOR LOAD TRACKING; AFTER HOURS CONTACT NAME & NUMBER)

BANKING INFORMATION

NAME OF FINANCIAL INSTITUTION

STREET ADDRESS

CITY

STATE

ZIP

CONTACT PERSON

TELEPHONE

ATTACH 3 REFERENCES W/ THE FOLLOWING INFO.

NAME

STREET ADDRESS

CITY

STATE

ZIP

PHONE

FAX

EMAIL ADDRESS