



Please complete the following and fax to: 1-800-463-8730

Date: _____

Company Billing Information:

Trade Name:			Type of Business:		<input type="checkbox"/> Corporation
Address:			(check one)		<input type="checkbox"/> Partnership
					<input type="checkbox"/> Sole Proprietorship
					<input type="checkbox"/> Other: _____
City:	State:	Zip:	Years in Business:		
Phone:	Fax:		Tax ID Number:		
Website:			D&B/DUNS Number:		
Nature of Business:			Shipping Dept. Contact:		Phone: _____ Email: _____
Shipping Address (if different from above):					
Accounts Payable Contact:			Phone: _____		Email: _____
Special Billing Requirements:					

Owner/Principal Information:

Full Name:		Title:	Full Name:		Title:
Social Security Number:			Social Security Number:		
Address:			Address:		
City:	State:		City:	State:	
Zip:	Phone:		Zip:	Phone:	

Banking Information:

Bank Name:			Type of Account:	
Address:			Account Number:	
City:	State:	Zip:	Contact Name:	
Phone:	Fax:			

Trucking References:

1. Name:			Account Number:	
Address:			Contact Name:	
City:	State:	Zip:	Phone:	Fax:
2. Name:			Account Number:	
Address:			Contact Name:	
City:	State:	Zip:	Phone:	Fax:

Other References:

1. Name:			Account Number:	
Address:			Contact Name:	
City:	State:	Zip:	Phone:	Fax:
2. Name:			Account Number:	
Address:			Contact Name:	
City:	State:	Zip:	Phone:	Fax:

Release of Information:

I authorize the release of any and all banking and credit information to the Eastern Freightways, Inc. Credit Department, including full disclosure of any financial statement information, details of lines of credit and securities held.

Signed:	Printed Name:	Date:
Signature and Title of Applicant:		

For EFW Office Use Only:

Date Received:	D&B Rating:	Credit Line:	Terms: 30 Days
Credit Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Signed: _____		

Eastern Freightways, Inc.

Corporate Office: 1-71 North Avenue East, Elizabeth, NJ 07201 • 908-965-0100 • www.easternfreightways.com