



2120 Servomation Rd
Greensboro, NC 27407
336-235-3970

Terminal Location: _____

Credit Limit: _____

Salesperson: _____

Rate Sheet Attached: Choose an item.

CREDIT APPLICATION

Legal Name: _____

Billing Address: _____

Address: _____

Contact Name: _____

Attn: _____

Phone Number: _____

Phone Number: _____

Type of Business: _____

Incorporated: _____

Year Incorporated: _____

Fed Tax ID: _____

Bank Reference: _____

Account #: _____

Phone #: _____

TRADE CREDIT REFERENCES:

Company: _____

Phone Number: _____

Fax Number: _____

Company: _____

Phone Number: _____

Fax Number: _____

Company: _____

Phone Number: _____

Fax Number: _____

Special Invoicing instructions (i.e. PO# req, work order detail, dollar limit before calling, etc.)

Click here to enter text.

Authorization is hereby granted to Morton Motor Express, Inc. to contact the references furnished above (including our bank) in order to obtain sufficient information.

Authorized Signature: _____ Title: _____ Date: _____