



Dispatch: 312-659-4809

Phone: 847-815-0794

COMMERCIAL CREDIT APPLICATION

CUSTOMER NAME:

ADDRESS:

CITY _____ STATE _____ ZIP _____

CONTACT NAME _____ PHONE _____

EMAIL ADDRESS _____

SHIPPING ADDRESS:

CITY _____ STATE _____ ZIP _____

BILL TO ADDRESS:

CITY _____ STATE _____ ZIP _____

ACCOUNTS PAYABLE

CONTACT NAME _____ PHONE _____

EMAIL ADDRESS _____

ARE EMAILED INVOICES EXCEPTABLE YES___ NO___ EMAIL INVOICES

TO _____

TYPE OF BUSINESS _____

VALUE OF EACH COMMODITY TO BE
TRANSPORTED _____

USE THIS SPACE FOR VALUES OF COMMODITIES. IF MORE SPACE NEED PLEASE USE A
SEPARATE PIECE OF PAPER.

www.ThinnesTransport.com

Email: bonnie-t@thinnestransport.com | Phone: 847.815.0794 | Fax: 224.241.3427

PO Box 129 | 3305 First Street | Algonquin, Illinois 60102

TRADE REFERENCES:

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

CONTACT NAME _____ PHONE _____

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

CONTACT NAME _____ PHONE _____

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

CONTACT NAME _____ PHONE _____

PAYMENT TERMS: Net 15 days of Invoice Date. A late fee of \$25.00 will be assessed to past due invoices. In addition a finance charge of 1.5% per month will assessed on all past due invoices Customer, Shipper, and Consignee agree to these terms by requesting Thinnes Transport, Inc. to perform all or any part of the described in the document or by accepting any services (including delivery of freight) from Thinnes Transport, Inc.

Company Name: _____

Signature _____

Print Name _____ Date _____

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