

XPERTFREIGHT PO BOX 842 ANNISTON, AL 36202-0842 Phone 800-671-1408 Fax 800-743-0914

Business Credit Application

Please fax completed application to: 800-743-0914

Or scan and email back to info@xpertfreight.com

Name/Address

Name of Business:			Da	ate:	
Bill To Address:			Si	ales Tax Exemption #:	
City:	State:	ZIP:	PI	hone:	Fax:
If Division/Subsidiary, Name of Parent	Company:				
Legal Form Under Which Business Op	erates:	Corporation	Partnership 🛛		Proprietorship

Company Information

Ship To:	Phone:	Fax:	
Address:	City:	State:	ZIP
Purchasing Contact:	Phone:	Fax:	
Accounts Payable Contact:	Phone:	Fax:	
Special Billing Instructions:			

Bank References

Institution Name:	
Account #:	
Address:	
Phone:	

Trade References

Company Name:
Contact Name:
Address:
Phone:
Fax:

Trade References

Company Name:
Contact Name:
Address:
Phone:
Fax:

Trade References

Contact Name:		
Address:		
Phone:		

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied in order to verify the information contained herein.

TERM OF SALE: Entire payment is due per the terms of sale stated on the invoice. Our terms are NET 15 DAYS unless otherwise stated in writing. Anything exceeding the Term of Sale by 30 days or more, is subject to a 5% penalty.