

GlobalTranz Enterprises, Inc.

Sales Rep \_\_\_\_\_

\*\*\*ALL FIELDS MUST BE FILLED OUT OR CREDIT WILL BE DENIED\*\*\*

COMPANY INFORMATION

Check one: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other	Cortera Link ID:
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Applicant Exact Legal Name of Business:

Physical Address of Business:

City:	State:	Zip:
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Billing Address:

City:	State:	Zip:
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Person to Contact in Accounts Payable:	A/P Email:
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Payable Phone Number:	Fax Number:
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Date Business Began:	Line of Business:
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Parent Company (if applicable):

Street Address:

City:	State:	Zip:
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Authorized Signatory (The authorized signatory agrees that you have the powers to commit your organization to a binding agreement):

Primary Shipping Needs (Check one) <input type="checkbox"/> LTL <input type="checkbox"/> Truckload	Credit Required:
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Please attach a list of all your business names and addresses that will be shipping and receiving.

THE ABOVE INFORMATION is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize the company to whom this application is made to investigate the references pertaining to my/our credit and financial responsibility. You agree to accept electronic signatures and/or faxed copies of this document as creating legal effect. THE AUTHORIZED SIGNATORY SIGNING THIS APPLICATION ON BEHALF OF ITS COMPANY CONSENTS AND BINDS ITS COMPANY TO THE TERMS AND FOUND ON [WWW.CARRIERRATE.COM](http://WWW.CARRIERRATE.COM) (Click to access [Terms and Conditions](#)).

Authorized Signatory:	Title:
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Print signature name:	Date:
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**Fax back to our confidential fax number 602-218-4230  
Attention: Credit Department**