

NEW CUSTOMER FORM

BECKER LOGISTICS Credit Application

Sales Representative:

Please Fax Back to 630.539.2508

Date:

Customer Name	Years in Business	Type of Business	() Corporation () Proprietor () Partnership
Street Address	County	Customer Fax #	
City, State, Zip	Accounts Payable Contact	Customer Phone #	
Do You Require a POD with invoice? Yes No	D-U-N-S No.	Fed ID#	

Full name of Owner or Owners (or an authorized officer of corporation)

Name 1	Name 2
Title 1	Title 2
Direct Phone 1	Direct Phone 2
Signature	Signature

BANK REFERENCE

2ND BANK REFERENCE

Bank Name	Branch	Bank Name	Branch
Street Address		Street Address	
City, State, Zip	Phone ()	City, State, Zip	Phone ()
Contact		Contact	
Account Number		Account Number	

1ST TRADE REFERENCE

2ND REFERENCE

Company		Company	
Street Address		Street Address	
City, State, Zip		City, State, Zip	
Contact	Phone ()	Contact	Phone ()

3RD TRADE REFERENCE

MUST HAVE CUSTOMER SIGNATURE TO PROCESS

Company		Signature	
Street Address		Title	Date
City, State, Zip		The above information is for the purpose of obtaining credit. I/We authorize the firm to whom this application is made to investigate the references listed to my/our credit and financial responsibility. Applicant's signature attests financial responsibility, ability, and willingness to pay our invoices in accordance with our terms of net 30.	
Contact	Phone ()		