

CREDIT APPLICATION P.O. Box 5344 Rockford, IL. 61125 1355 CAPITAL DRIVE ROCKFORD, IL 61109

COMPANY NAME:		
BILLING ADDRESS:		
RECEIVING ADDRESS:		
SHIPPING/RECEIVING HOUR	S OF OPERATION:	
PHONE #:	FAX#:	
HOW LONG IN BUSINESS AT T	THIS ADDRESS:PREVIOUS ADDRESS:	
TRAFFIC MGR.:	ACCT. PAYABLE C	CONTACT:
BANK NAME:	ADDRESS:	
CONTACT NAME:	ACCOUNT #:_	
	Credit Reference	<u>ES</u>
COMPLETELY FII	L OUT THE FOLLOWING INFORMATION OR CRED	IT WITH OUR COMPANY WILL BE DELAYED
1) COMPANY NAME:	Address:	
CITY & STATE:	PHONE#:	FAX#:
) COMPANY NAME: ADDRESS:		
CITY & STATE:	PHONE#:	FAX#:
3) COMPANY NAME:	ADDRESS:	
CITY & STATE:	PHONE#:	FAX#:
Shipping charges are d considered "past due" and our co cash only basis. "Past due" freight bills penalty charge will be an addition Carrier liability is limit	are subject to a minimum penalty of \$15.00. When the nal \$5.00 per \$100.00 or fraction thereof.	oment. Freight charges over thirty (30) days old will be ty (60) days after shipment, future business may be done on a unpaid amount of each freight bill exceeds \$100.00, the ce of a high declared value or the absence of any "declared"
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SIGNATUR	AUTHORIZED SIGNATURE OF OFFICER FO	DR CREDIT CHECK
PLEASE RETURN TO: TODD TRANSIT, INC. ATTN: CREDIT & COLLECTIONS DEPARTMENT EMAIL: CUSTOMERSERVICE@TODDTRANSIT.COM FAX:815-398-1702 PHONE: 800-892-7401		