



CREDIT APPLICATION

West Brother's Transfer & Storage

Phone: (919) 625-2368

Fax: (888) 863-7513

rgrannan@westbros.com

www.westbros.com

THIS SECTION FOR INTERNAL USE:	
DATE:	_____
DIVISION:	<u>11 - TRAILER RENTALS</u>
SALES ID:	<u>RICK GRANNAN</u>
EXPECTED MO. REVENUE:	_____

1. Company Information

Full Legal Name/Business Entity		Phone #	Fax #	
Doing Business As (DBA)				
Billing Address			City	State
ZIP				
Company Type: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Corporation <input type="checkbox"/> Other				
No. of Employees	Year Business Established	Annual Sales	Type of Business	
Federal Tax ID (If Incorporated)	Year of Incorporation	State of Incorporation	Dun & Bradstreet Number	
Company Website URL:				

2. Owner or Corporate Officer Information (please list 2 minimum)

Name	Title	Phone Number	Email Address
Name	Title	Phone Number	Email Address

3. Bank Reference

Bank Name	Account Number	Contact Name	Contact Phone Number
Address	City	State	ZIP

4. Trade Credit References (please list (3) minimum)

Company Name		
Accounts Receivable Contact Name	Fax Number	Phone Number
Company Name		
Accounts Receivable Contact Name	Fax Number	Phone Number
Company Name		
Accounts Receivable Contact Name	Fax Number	Phone Number

Authorization is hereby granted to West Brother's Transfer and Storage, Inc to contact the references furnished above (including our Bank) in order to obtain sufficient information to make a credit decision.

Authorized Signature: _____ Title: _____

Printed Name: _____ Date: _____