



CREDIT APPLICATION

NAME AND ADDRESS

TRADE REFERENCES:

Firm Name

Trade Reference

Number Street

Number Street

City State Zip

City State Zip

Phone & Fax No.

Phone & Fax No.

Officer or Partner- Title

Trade Reference

Account Payable Contacts Name

Number Street

Authorized To Charge

City State Zip

Social Security No. or Fed I.D. No.

Phone & Fax No.

BANK REFERENCE:

Name of Bank

Trade Reference

Number Street

Number Street

City State Zip

City State Zip

Phone & Fax No.

Phone & Fax No.

AGREEMENT

Upon establishment of an open line of credit, I agree to pay all charges incurred in accordance with Southport Services Inc. standard terms of payment, that is, all invoices are due and payable upon 30 days of receipt, a finance charge of 1.5% per month or 18% annual will be applied to unpaid balances over 30 days. If a third party is involved in collections, all costs such as attorney, court, or other related expenses will be added to the amount owed.

OTHER INFORMATION

By signing below, I give Southport Services Inc. permission to obtain credit information from the above references.
(note: We reserve the right to check references not listed.)

PURCHASE ORDER NECESSARY _____ YES _____ NO

BY: _____ sign _____ print

_____ title _____ date

CORPORATION _____ PARTNERSHIP _____ PROPRIETORSHIP _____

NO. OF TRUCKS _____

NO. OF TRAILERS _____