



Credit Application Form

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214-220-9151

credit@bedrocklogistics.com

www.bedrocklogistics.com

AP & BILLING INFORMATION

NAME OF BUSINESS:				
AP CONTACT NAME:		AP PHONE:		
AP EMAIL:				
TYPE OF BUSINESS:				
INVOICES EMAILED? (Y/N):		POD REQUIRED? (Y/N):		
ARE PURCHASE ORDERS REQUIRED? (Y/N):				
SPECIAL BILLING REQUIREMENTS:				
AMOUNT OF CREDIT REQUESTED: \$				
ANTICIPATED MONTHLY VOLUME WITH BEDROCK:				
BEDROCK ACCOUNT MANAGER:				
IN BUSINESS SINCE:				
IF DIVISION/SUBSIDIARY, NAME OF PARENT COMPANY:				
BILLING ADDRESS:	CITY:	STATE:	ZIP:	PHONE:
STREET ADDRESS:	CITY:	STATE:	ZIP:	PHONE:

BANK REFERENCES

INSTITUTION NAME:	ACCOUNT #:	ADDRESS:	PHONE:
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CURRENT TRUCKING REFERENCES

COMPANY NAME:	ADDRESS:	PHONE:	FAX:
COMPANY NAME:	ADDRESS:	PHONE:	FAX:

CURRENT TRADE REFERENCES

COMPANY NAME:	ADDRESS:	PHONE:	FAX:
COMPANY NAME:	ADDRESS:	PHONE:	FAX:

Bedrock's invoices are due in full within 30 days, A 2% late fee may be applied for late payments unless terms are agreed upon in writing. In addition, a 25% collection fee will be added to the total invoice should further collections be required.

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature

Date