

QUALITY INTERMODAL DELIVERY SERVICE, INC.

P.O. Box 496534

GARLAND TX. 75049

PHONE: (214) 367-8453 FAX: (214) 367-8261

CREDIT APPLICATION

COMPANY INFORMATION:

COMPANY NAME: _____

PHYSICAL STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BILLING ADDRESS IF DIFFERENT:

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER WITH AREA CODE: (_____) _____

FAX NUMBER WITH AREA CODE: (_____) _____

ACCOUNTS PAYABLE CONTACT: _____

ACCOUNTS PAYABLE PHONE NUMBER: (_____) _____

ACCOUNTS PAYABLE FAX NUMBER: (_____) _____

FEDERAL TAX ID NUMBER: _____

TYPE OF BUSINESS:

CORPORATION _____ PARTNERSHIP _____ SOLE PROPRIETOR _____

YEAR BUSINESS ESTABLISHED: _____

BANK REFERENCE:

NAME OF BANK: _____

ADDRESS OF BANK: _____

CITY: _____ STATE: _____ ZIP: _____

BANK CONTACT NAME: _____

BANK CONTACT PHONE NUMBER: (_____) _____

COMPANY BANK ACCOUNT NUMBER: _____

CREDIT REFERENCES:

COMPANY NAME: _____

NAME OF CONTACT: _____

PHONE NUMBER: (_____) _____

COMPANY NAME: _____

NAME OF CONTACT: _____

PHONE NUMBER: (_____) _____

COMPANY NAME: _____

NAME OF CONTACT: _____

PHONE NUMBER: (_____) _____

AUTHORIZATION FOR BANK AND VENDOR TO RELEASE INFORMATION:

PRINT NAME

TITLE

SIGNATURE

DATE

ADDITIONAL DOCUMENTS NEEDED:

- 1) OPERATING OR BROKERAGE AUTHORITY**
- 2) BROKERAGE BOND**

FOR QUALITY INTERMODAL DELIVERY SERVICE, INC. USE ONLY:

COMMENTS

