



GO TRUCKING SERVICES, INC.

PHONE: (310) 604-0404 FAX: (310) 604-4004

APPLICATION FOR CREDIT

(PAGE 1 OF 2)

NAME: _____

ADDRESS: _____

_____ ZIP _____

BILLING ADDRESS (IF DIFFERENT): _____

_____ ZIP _____

CONTACT NAME FOR ACCOUNTS PAYABLE: _____

PHONE: _____ EMAIL: _____

CHECK BOX IF PROFF OF DELIVERY IS REQUIRED

YOUR TYPE OF BUSINESS:

CORPORATION

PARTNERSHIP / LLC

SOLE PROPRIETOR

OTHER: _____

FEDERAL ID # _____

NUMBER OF YEARS IN BUSINESS: _____

OWNERS & OFFICERS:

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

APPLICATION FOR CREDIT

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REFERENCES:

❖ BANK OR FINANCIAL INSTITUTION:

NAME: _____

ADDRESS: _____

CONTACT PERSON: _____

PHONE: _____ EMAIL: _____

❖ LOCAL BUSINESSES:

NAME: _____

ADDRESS: _____

CONTACT PERSON: _____

PHONE: _____ EMAIL: _____

NAME: _____

ADDRESS: _____

CONTACT PERSON: _____

PHONE: _____ EMAIL: _____

I have completed this application for credit and certify that the above statements are true, accurate and complete. The statements in this application are continuing. If there are any changes, I agree to immediately notify A-1 Express Delivery Service, Inc. in writing. I authorize A-1 Express Delivery Service to check credit references and to contact credit bureaus.

SIGNATURE: _____ TITLE: _____ DATE: ____/____/____

NOTE: Public Utilities Commission (PUC) Regulations require payment of all bills within 7 days.