



# Credit Application

## General Information

Company Name:

Address:

City: State: Zip Code:

Phone#: Fax #:

Line of Business:

Corporation: Partnership: Individual: D.U.N.S. #:

No. of years established: Yrs. Incorporated: State of Corporation:

Name of Parent Company:

Address of Parent Company:

## Contact Info

Shipping Contact: Phone #:

Email Address:

Accounting Contact: Phone #:

Email Address:

Bills Should be Mailed to:

City: State: Zip Code:

Billing Requirements:

## Trade References

Name: Phone #:

Address:

Name: Phone #:

Address:

Name: Phone #:

Address:

## Bank References

Bank Name:

Mailing Address:

City: State: Zip Code:

Phone#: Fax #:

Banking Official: Type of Account:

Bank Acct. #

Notice: The Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has, in good faith, exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with the law concerning this credit is the Federal Trade Commission, Division of Credit Practices, 6th and Pennsylvania Avenue, NW, Washington, DC 20580.

**To the best of my knowledge the above statements are true. My signature below A) indicates my permission to obtain credit information from the sources referenced and B) attests financial responsibility and willingness to pay invoices in accordance with terms.**

Authorized Signature:

Title: Date:

Please fax this completed form to (888) 729-9170  
or email us at [operations@shipafs.com](mailto:operations@shipafs.com)