

379-9336

CREDIT APPLICATION

Account # _____
(for NCA use)

The undersigned is applying for Credit with Northern Cargo Association.

Company Name _____

Address _____
Street City State Zip

Phone # _____ Fax # _____ e-mail _____

Name of Officers/Partners/Owners Title Name of Bank
1) _____

2) _____ Phone # _____

Accounts Payable Contact _____ Years in Business _____
(first & last name)

ROUTING INSTRUCTIONS: Will Metro Interlining
(check one) Call _____ Delivery _____ Carrier _____

Trade References (for Carpet customers, please do not list **carpet mills** as references)

1) Name _____ 2) Name _____

Address _____ Address _____

City _____ St. _____ Zip _____ City _____ St. _____ Zip _____

Phone # _____ Fax # _____ Phone # _____ Fax # _____

The signature of the authorized applicant allows Northern Cargo Association to contact all references for credit history. The applicant also understands that all invoices will be paid within **Northern Cargo's Terms for Payment**. Furthermore, the applicant understands that failure to pay within the stated terms may result in future shipments being shipped "Collect".

Authorized Signature _____ Print Name _____

Title _____ Date _____