



2102 Milwaukee Way, Tacoma, WA 98421-2706  
Phone: (253) 939-4222 Fax: (253) 939-9896  
[www.nu-way.us](http://www.nu-way.us)

## CREDIT APPLICATION

### COMPANY INFORMATION

Name of Company: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Corporation

Partnership

Proprietorship

Date Established: \_\_\_\_\_ Federal Employer ID# or Tax ID#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Corporate Website: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Credit Limit Desired: \$ \_\_\_\_\_

### BILLING INFORMATION

Billing Contact: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Billing Email: \_\_\_\_\_

Notifications Email\*: \_\_\_\_\_

\*This will be used to send Real-time notifications on progress of your work such as arrival/departure at the customer, equipment ingate/outgate, pieces/weight/seal and other information.

## PRINCIPALS OF COMPANY

(1) Name of Principal: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

(2) Name of Principal: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## BANK REFERENCE

Name of Bank: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Bank Officer: \_\_\_\_\_ Account #: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

## TRADE REFERENCES

(1) Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

(2) Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

(3) Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

(4) Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Terms are net 30 days from work performed. Failure to pay freight charges may result in refusal to take possession of trailer for railroad or steamship port. In the Event of litigation, the prevailing party may recover reasonable costs from the other Party.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_