

WILSON TRUCKING CORPORATION

APPLICATION FOR CREDIT

Shipping/Receiving Name _____		
Federal ID# (Required for International Business) _____		
Shipping/Receiving Address _____		
City _____	State _____	Zip _____
Phone _____	FAX _____	E-mail _____
Contact Name _____		
Parent Company _____		

Send Freight Invoices to: _____		
Mailing Address _____		
City _____	State _____	Zip _____
Accounts Payable Contact Name _____		
Phone _____	FAX _____	E-mail _____
Special Billing Instructions: _____		

List Three Credit References of which at least two must be **trucking industry** references.

Name	Address &/or E-mail	Phone & Fax Numbers
1		
2		
3		

TERMS: All freight charges are due within 15 days of receipt of statement

Signature _____ Name _____

Title _____ Date _____

Complete and fax to: WILSON TRUCKING CORPORATION BILLING DEPT 1-540-949-3298