



CREDIT APPLICATION

All customers are required to keep a valid credit card on file

DELIVERY INFORMATION

Legal Name:		Requested Delivery Date:	
Phone:		E-mail:	
What Size Container: 20ft _____ 40ft _____		Tractor-Trailer Fit in Location: _____Yes _____No	
Container Delivery Address:			
City:		State:	ZIP Code:
Container Doors Loaded: Facing cab of truck _____ or Facing off the rear _____			
Site Contact:		Site Contact Mobile #:	

CREDIT AND A/P INFORMATION

Billing address:			
City:		State:	ZIP Code:
Name on Card:		Auto Bill Pay _____Yes _____No	
Credit Card#		Expiration Date:	
3% CHARGE WILL BE APPLIED TO ALL CREDIT CARD TRANSACTIONS. We accept company checks.			
Accounts Payable Contact:		A/P Phone#	
A/P E-mail:		FED ID #, DL #, or SS #:	
Business Type: _____Corporation _____Sole Proprietorship _____LLC _____LLP			
List (2) Principles of the company	Name:		Position:
	Name:		Position:

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:		State:	ZIP Code:
Phone:		Fax:	E-mail:
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:		Fax:	E-mail:
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:		Fax:	E-mail:
Type of account:			

AGREEMENT

1. Claims arising from invoices must be made within seven working days.
2. By submitting this application, you authorize Carolina Containers & Transport to make inquiries into the banking and business / trade references that you have supplied.
3. Both Delivery and Pick-up fees are due up front with first months rent. Payment is due on or prior to delivery.

SIGNATURE: _____ DATE: _____