

Credit Application

ALL CUSTOMERS ARE REQUIRED TO KEEP A VALID CARD ON FILE



DELIVERY INFORMATION (REQUIRED)

Account Name:					
Phone:			Email:		
Size: <input type="checkbox"/> 20'	<input type="checkbox"/> 20' DD	<input type="checkbox"/> 20' GLO	<input type="checkbox"/> 40'	<input type="checkbox"/> 40' DD	<input type="checkbox"/> 40' GLO <input type="checkbox"/> Other Qty: _____
Container Delivery Address:					
City:		State:	Zip Code:	Property Type: Business <input type="checkbox"/> Home <input type="checkbox"/>	
Container Doors Loaded Facing: Cab of truck <input type="checkbox"/> Off the rear <input type="checkbox"/>			Requested Delivery Date:		
Tractor Trailer fit on Location: Yes (requires 120' in a straight line) <input type="checkbox"/> No <input type="checkbox"/>			Visual Landmark:		
Site Contact: _____ Mobile # _____			Ground Surface (check all that apply):		
Site Contact: _____ Mobile # _____			Gravel <input type="checkbox"/> Dirt <input type="checkbox"/> Grass <input type="checkbox"/> Pavement <input type="checkbox"/>		

CREDIT AND A/P INFORMATION (REQUIRED)

Billing address:			
City:		State:	Zip Code:
Name on Card:			
Credit Card #:		CVV Code:	
Expiration Date:	Card Type: Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/>		
3% CHARGE WILL BE APPLIED TO ALL CARD TRANSACTIONS. We accept company checks.			
Select payment method for initial invoice Due on Receipt: Check <input type="checkbox"/> or Credit Card <input type="checkbox"/>			
Select payment method used for recurring invoices: Check <input type="checkbox"/> or Credit Card (Auto Bill Pay) <input type="checkbox"/>			
Accounts Payable Contact:		A/P Phone #:	
A/P Email:		FED ID #, DL # or SS# :	
Business type: Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Other: _____			
List (2) Principles of the company	Name:	Position:	
	Name:	Position:	

BUSINESS/TRADE REFERENCES

Company name:		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	Email:
Type of account:		
Company name:		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	Email:
Type of account:		
Company name:		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	Email:
Type of account:		

AGREEMENT

1. Claims arising from invoices must be made within seven business days.
2. By submitting this application, you authorize Carolina Containers & Transport to make inquiries into the banking and business / trade references supplied.
3. Delivery and pick-up fees as well as first month's rent are due on or prior to delivery.

SIGNATURE: _____ Date: _____
_____ I am an authorized officer of this company / account