

Credit Application



ALL CUSTOMERS ARE REQUIRED TO KEEP A VALID CARD ON FILE

DELIVERY INFORMATION

Legal Name:		
Phone:	Email:	
What Size Container: 20ft <input type="checkbox"/> 20ft DD <input type="checkbox"/> 20ft GLO <input type="checkbox"/> 40ft <input type="checkbox"/> 40ft DD <input type="checkbox"/> 40ft GLO <input type="checkbox"/> 40ft HC <input type="checkbox"/> Other: _____		
Container Delivery Address:		
City:	State:	Zip Code:
Container Doors Loaded: Facing cab of truck <input type="checkbox"/> or Facing off the rear <input type="checkbox"/>		
Tractor-Trailer Fit in Location: <input type="checkbox"/> YES <input type="checkbox"/> NO		Requested Delivery Date:
Site Contact 1:	Site Contact 1 Mobile #:	
Site Contact 2:	Site Contact 2 Mobile #:	

CREDIT AND A/P INFORMATION

Billing address:		
City:	State:	Zip Code:
(REQUIRED) Name on Card:		
(REQUIRED) Credit Card #:		Expiration Date:
(REQUIRED) CVV Code:	Card Type: Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/>	
3% CHARGE WILL BE APPLIED TO ALL CREDIT 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 <input type="checkbox"/>		Auto Bill Pay <input type="checkbox"/> Yes <input type="checkbox"/> No
Accounts Payable Contact:		A/P Phone #:
(REQUIRED) A/P Email:		FED ID #, DL # or SS# :
Business type: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> LLP		
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 working days.
2. By submitting this application, you authorize Carolina Containers & Transport to make inquires 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: _____

Electronic signatures are not accepted