

Credit Application

ALL CUSTOMERS ARE REQUIRED TO KEEP A VALID CARD ON FILE



DELIVERY INFORMATION

Account 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: _____
Property Type: <input type="checkbox"/> Business / <input type="checkbox"/> Home			
Container Doors Loaded: Facing cab of truck <input type="checkbox"/> or Facing off the rear <input type="checkbox"/>		Ground Surface - X all that apply): <input type="checkbox"/> Grass, <input type="checkbox"/> dirt, <input type="checkbox"/> mud, <input type="checkbox"/> gravel or <input type="checkbox"/> pavement	
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 <u>Due on Receipt</u> : 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 #:
(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