

# 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:		CVV Code:
Credit Card #:	Expiration Date:	
Card Type: Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/>		
<b>3% CHARGE WILL BE APPLIED TO ALL CARD TRANSACTIONS. We accept company checks.</b>		
Select payment method for initial invoice <b>Due on Receipt:</b> 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