



QUALITY TRANSPORTATION & LOGISTICS INC.

10120 Virginia Avenue Chicago Ridge, IL 60415

(800) 814-5855
FAX: (708) 346-6135

CREDIT APPLICATION

Company Name _____
Address _____
City _____ State _____ ZIP _____
Phone _____ Fax _____ Years at this address _____
Ownership: ___ Corporation ___ Partnership ___ Individual

BANK REFERENCE

Name _____ Phone _____
Address _____
Contact _____

CREDIT REFERENCES

Business Name: _____ Phone _____
Address _____ Fax _____
_____ Contact _____

~~~~~  
Business Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_  
\_\_\_\_\_ Contact \_\_\_\_\_

~~~~~  
Business Name: _____ Phone _____
Address _____ Fax _____
_____ Contact _____

I, as credit applicant, hereby authorize all the above references to release verbally, or in writing, information needed to Quality Transportation & Logistics, Inc. for completing this application. I certify that all information on this application is correct.

Sign _____ Print _____

Title _____ Date _____

"Quality Service Every Day"