## **CREDIT APPLICATION & AGREEMENT**

Company Name	Credit Line Requested	
Address	City	State Zip
Phone Number ()_	Fax Number ()	
Billing Name		
Billing Address	City	State Zip
Phone Number ()	Fax Number ()	
DUNS #	Billing RequirementsNoneBOLPOD	Other
***** If you would like to receive	re your invoices via email please list the email address where	e invoices should be sent. *****
Owners (if applicant is a sole proprietor	or or partnership – list social security numbers) or Office	rs (if a corporation):
Name	Title	Address
SSN		
SSN		
Bank Reference:		
Bank Name	Account Number	
Address	Phone Number	
Contact	Fax Number	
Trade References:		
Name	Telephone	Fax
extended, applicant agrees to pay for all freight at within 30 days from invoice date. Applicant's pay another party and any set offs or deductions are p costs and attorney fees, and consents that any legi	o obtain credit information about applicant, verbal or written, from the above and related services arranged or provided by <b>Antler Transport</b> , <b>LLC</b> at the syment obligations to <b>Antler Transport</b> , <b>LLC</b> shall not be subject to the reprohibited. In the event of non-payment or other violation of this agreement all action may be within the venue of any state in which <b>Antler Transport</b> atted agreements entered into by the parties, verbal or written. Applicant rep	e agreed rates. Payments are due eccipt of payment by applicant from t, applicant will pay all collection , LLC has offices. This agreement is
Customer's Signature	Date	

Please fax this application to the Credit Dept. at 843-375-0256. **Antler Transport LLC** agrees to keep the provided credit information confidential.