



phone 973-361-3900, fax 908-3688660

1 Slater Drive
Elizabeth, NJ 07206

Credit Application & Agreement

Please print and fill out this form completely and fax to 908-368-8660 or email to
info@thorxpress.com

Full Name of Company: _____

Billing Address: _____

Physical Address: _____

Tel: _____ Fax: _____

President / Owner: _____

Main Contact: _____

Accounts Payable Contact: _____ Tel: _____

Accounts Payable Email: _____

Type of Business: Corporation Partnership Sole Proprietor Other _____

(please specify)

Tax ID # _____ If incorporated, specify state and date of incorporation

Please list three credit references, at least two must be carriers

1. Company Name: _____

Address and phone number: _____

2. Company Name: _____

Address and phone number: _____

3. Company Name: _____

Address and phone number: _____

This application will also serve as an authorization to release information from your bank to Thor Xpress Transport, LLC, and any creditors who may need an authorization from you, the customer. The information contained herein is confidential and is only supplied to the company for which you are applying for credit.

Bank Information

Bank Name: _____

Branch Address: _____

Branch Telephone: _____ Branch Fax: _____

Contact: _____

Account #: _____

Applicant Signature: _____

(Must be Officer, Owner or Partner)

Type or Print Applicant Name: _____

Applicant Signature & Date: _____

(Must be Officer, Owner or Partner)

Printed Applicant Name:

Title: _____

All transactions are subject to Thor Xpress Transport Terms and Conditions available at www.Thorxpress.com