



phone 973-361-3900, fax 908-3688660  
750 Walnut Ave, Cranford, NJ 07016

## Credit Application & Agreement

Please print and fill out this form completely and fax to 908-368-8660  
or email to [info@thorxpress.com](mailto:info@thorxpress.com)

Full Name of Company: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

President / Owner: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Accounts Payable Email: \_\_\_\_\_

Type of Business: Corporation Partnership Sole Proprietor Other \_\_\_\_\_

(please specify)

TaxID # \_\_\_\_\_ 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: \_\_\_\_\_