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CREDIT APPLICATION

Please return form Fax: 315-679-5675 or Email: cvanwie@mltrucking.com

BUSINESS CONTACT INFORMATION

Company Name		Date business commenced
Address		
City, State, Zip		
Phone		
Billing Address (if different from above)		
City, State, Zip		Fed ID:
Accts Payable Contact		
Accts Payable Phone	*Requested Credit Amount*:	
Accts Payable Email	Credit Approved Contact:	

BANK INFORMATION

Bank Name			
Contact			
Phone			
Fax		Account number	
E-mail		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	

By signing this application, you authorize us to make inquiries into the banking and references that you have supplied.

Signature _____ Name _____ Date _____