

THREE WAY TRANSFER OF ARKANSAS "YOUR" ARKANSAS CARRIER!!!!
1022 SOUTH "Y" STREET..... FT. SMITH, ARKANSAS 72901 (501) 782-8960 FAX (501) 782-1735

APPLICATION FOR CREDIT

Date: _____
Name: _____ Telephone No.: _____
Address: _____ City: _____ State: _____ Zip _____

I (We), the Undersigned, hereby apply for credit for the payment of freight charges, and if such credit is granted, agree to pay all freight charges within 15 days from date of invoice.

1. Exact Corporate title, partnership, firm or individual trade name: _____

2. Names and titles of officers, (President, etc), partners or individual owner _____

3. Nature of business _____

4. How long engaged in business _____

5. Specific address or addresses at which freight will be picked up or delivered _____

6. Complete mailing address to which freight bills are to be sent and to whose attention _____

7. References (Please fill out completely)

<u>Company name</u>	<u>Address</u>	<u>Telephone No.</u>	<u>Person to Contact</u>
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A. _____

B. _____

C. _____

D. _____

8. Motor carriers with whom credit has been established, their address and their telephone numbers where established: _____

It is further understood and agreed that our account will be canceled without advance notice, should payment not be made within thirty (30) days.

NAME OF APPLICANT: _____ TITLE: _____

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