



# FREIGHT LOGISTICS GROUP

## Customer Credit Request

COMPANY NAME

BILLING ADDRESS

PHYSICAL ADDRESS

CONTACT NAME

PHONE NUMBER

FAX NUMBER

E-MAIL ADDRESS

### REFERENCES

1 CO NAME .....  
ADDRESS .....

2 CO NAME .....  
ADDRESS .....

PHONE .....  
CONTACT .....

PHONE .....  
CONTACT .....

3 CO NAME .....  
ADDRESS .....

4 CO NAME .....  
ADDRESS .....

5 CO NAME .....  
ADDRESS .....

PHONE .....  
CONTACT .....

PHONE .....  
CONTACT .....

PHONE .....  
CONTACT .....

BANK .....

ACCOUNT .....

CONTACT .....

PHONE .....

SIGNATURE

DATE