

# Credit Application

**T** Name: \_\_\_\_\_  
**O** Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Credit Mgr: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 email: \_\_\_\_\_

**F** **MAJESTIC TRANSPORT, INC.**  
**R** P.O. Box 327355  
**O** Ft Lauderdale, FL 33332  
**M** email: [nritchie@majestictransportinc.com](mailto:nritchie@majestictransportinc.com)  
 Phone: 954-445-9388 Fax: 954-680-2507

Business Type:  Sole Proprietor  Partnership  Corporation: State \_\_\_\_\_  
 How long in business: \_\_\_\_\_ D&B Number: \_\_\_\_\_

Names/Addresses of Individuals or Partners	-or-	Name/Title/Phone Number of Corporate Officers
_____		_____
_____		_____
_____		_____

Name of Person to Contact Regarding Purchase Orders and Invoices, Title, Address, and Phone  
 \_\_\_\_\_  
 \_\_\_\_\_

Bank Reference	Account Number, Contact, Title, and Phone Number
_____	_____
_____	_____
_____	_____

Trade References: Company Name, Address, Contact and Title, and Phone Number  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The above information is submitted for the sole purpose of opening an account and I hereby certify the information to be true.	SIGNED _____ TITLE _____ DATE _____
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