

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
 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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