



Tel. (908) 276-8000
Email: CreditCollections@FlexiVan.com

CREDIT APPLICATION/PAYMENT AGREEMENT

Pool Name: _____ Date: _____
SCAC Code: _____ USDOT#: _____ Tax ID/SS#: _____
Business Name: _____

Corporate Address:

Street Address: _____
City: _____ State: _____ Zip Code: _____
Contact: _____
 First _____ Last _____ Title _____
Office Telephone: _____ Cellular: _____ Fax: _____
Email: _____

Equipment Storage Address (if different than corporate address):

Street Address: _____
City: _____ State: _____ Zip Code: _____

Billing Address: If same as above, check yes. Yes

Street Address: _____
City: _____ State: _____ Zip Code: _____
Contact: _____
 First _____ Last _____ Title _____
Office Telephone: _____ Cellular: _____ Fax: _____
Email: _____



Number of full-time employees:

Total number of tractors operated: Owned: Leased: Owner/Operator:

Railroads and Chassis Pools you hold a current Trailer Interchange Agreement with (include contact name, telephone & email):

Shippers and NVO's you currently provide services for (include contact name, telephone & email):

Insurance Agent/Broker

Company Name:

Contact: First Last Title

Street Address:

City: State: Zip Code:

Office Telephone: Fax:

Email:

Financial References:

Primary Bank:

Contact: First Last Title

Street Address:

City: State: Zip Code:

Office Telephone: Fax:

Email:

Checking account #:



Credit References: (To expedite your application, please ensure that the references include all of the requested information below)

Supplier Company Name:

Contact:

First

Last

Title

Street Address:

City:

State:

Zip Code:

Telephone:

Email:

Supplier Company Name:

Contact:

First

Last

Title

Street Address:

City:

State:

Zip Code:

Telephone:

Email:

Supplier Company Name:

Contact:

First

Last

Title

Street Address:

City:

State:

Zip Code:

Telephone:

Email:

Supplier Company Name:

Contact:

First

Last

Title

Street Address:

City:

State:

Zip Code:

Telephone:

Email:

