



FREIGHT SYSTEMS, INC.

P.O. Box 7279, Newburgh, NY 12550



## APPLICATION FOR CREDIT

COMPANY NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

AFTER HOURS PHONE # (if applicable): \_\_\_\_\_

FEDERAL TAX ID # \_\_\_\_\_

ACCOUNTS PAYABLE MANAGER: \_\_\_\_\_

CONTACT PHONE # \_\_\_\_\_

**\*THE UNDERSIGNED ACKNOWLEDGES THAT ALL INVOICES ARE NET 30\***

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
(AUTHORIZED SIGNATURE)

\_\_\_\_\_  
(DATE)