



BUSINESS OFFICE: P.O. Box 39, Clearwater, MN 55320 • Phone: 877-743-2258 • Fax: 320-558-4698 • www.fourniertrucking.com
WAREHOUSE: 450 Murray Hill Parkway, East Rutherford, NJ 07073 • Phone: 800-621-8066 • Fax: 201-438-6577 • www.fourniertrucking.com

Credit Application

Company Name: _____ Phone #: _____ Date: _____
 Address: _____ 2nd Phone #: _____
 E-mail: _____ Fax #: _____
 Website: _____

Type of Business: Corporation _____ Federal Tax ID#: _____
 Partnership _____ Industry: _____
 Individual Ownership _____ Type of Freight: _____ Refrigerated
 Year Business Started: _____ Dry

President/Partners/Owners: (Name and Title)
 1 _____
 2 _____

Contact Information:

Billing: _____ Phone #: _____
 Address: _____ 2nd Phone #: _____
 E-mail: _____ Fax #: _____
 Website: _____

Deliver To/Warehouse:

Address: _____ Phone #: _____
 2nd Phone #: _____
 Fax #: _____
 E-mail: _____ Website: _____

Trade References:

Name: _____ Phone #: _____
 Address: _____ 2nd Phone #: _____
 E-mail: _____ Fax #: _____
 Website: _____

Name: _____ Phone #: _____
 Address: _____ 2nd Phone #: _____
 E-mail: _____ Fax #: _____
 Website: _____

Name: _____ Phone #: _____
 Address: _____ 2nd Phone #: _____
 E-mail: _____ Fax #: _____
 Website: _____

I (name) _____, owner/officer of (company) _____, do personally guarantee payment to Fournier Trucking for services rendered. In the event of an insolvency by the company, this personal guarantee will supersede and the owner/officer will pay any outstanding debts owed by the company to Fournier Trucking as terms of service. Everything stated in this application is correct to my knowledge. I authorize Fournier Trucking to check my credit references:
 I understand all information will be held in confidence by Fournier Trucking.

Completed by: _____ Title: _____
 Signature of an Owner/Officer of the Company