** CREDIT APPLICATION**

FULL COMPANY NAME

Address:

City: State: Postal Code/ZIP:

Phone #: Fax #:

PRINCIPALS:

Name: Phone #: Home Address: City: State: Postal Code/ZIP:

BANK REFERENCE: Please send us an original bank reference letter

(no older than 3 Months).

Dun and Bradstreet #

SUPPLIER/COMMERCIAL REFERENCES:

1. Company name: State: Contact person: Phone#: Fax/email:
2. Company name: State: Contact person: Phone#: Fax/email:
3. Company name: State: Contact person: Phone#: Fax/email:

Amount of credit requested: $ USD

\*The signature below hereby authorizes said lending institutions to furnish INTEGRATED TRANSPORT SERVICES with your experience. The information requested will be used in connection with the extension of credit.

 Authorized by: Date:

**INTEGRATED TRANSPORT SERVISES**

**125 NE 26TH St.**

**Miami, Fl, 33137**

**Office: 305.894.1118**

**Fax: 888.457.3846**