

**AMC Freight Management, LLC
CREDIT APPLICATION**

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____ Fax No.: _____

Shipping Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____ Fax No.: _____

Type of Business (check one):

Corporation _____ Partnership _____ Sole Proprietor _____

Wholly Owned Subsidiary _____

State of Incorporation: _____

Name(s) of Officers / Owners / Partners: _____

Parent Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____ Fax No.: _____

AMC Freight Management, LLC
CREDIT APPLICATION
(Page 2)

Bank Credit Reference:

Bank Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone No.: _____ **Fax No.:** _____

Contact Name: _____

Account No.: _____

Trade References:

Company Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone No.: _____ **Fax No.:** _____

Company Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone No.: _____ **Fax No.:** _____

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(Page 3)

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