



VITRAN

**VITRAN EXPRESS
PO BOX 7004
INDIANAPOLIS, IN 46207-7004
LOCAL 317-803-6400 TOLL FREE 1-800-366-0150
FAX 317-803-4020 (CREDIT DEPT)**

**CONFIDENTIAL CREDIT APPLICATION
(Fill Out Completely)**

Business Hours of Operation: _____ a.m. to _____ p.m. Federal ID #: _____

Company Name _____ Duns #: _____

Shipping Address _____ City _____ State _____ Zip _____

Telephone _____ Fax _____

Accounts Payable Contact/Phone _____

Billing Name _____ Billing Phone _____

Billing Address _____ City _____ State _____ Zip _____

Type of Business _____ Date Established _____

Type of Entity: Proprietorship _____ Partnership _____ Corporation _____ Other _____

Key Management Members and Owners	Titles	Ownership %
_____	_____	_____
_____	_____	_____
_____	_____	_____

Bank _____ Address _____

City _____ State _____ Zip _____

Phone _____ Officer _____ Acct# _____

Three Trade References, Address, and Phone Numbers:

The above information is provided for the purpose of extending credit to our company on your terms. The undersigned certifies that all the information on this form is true, and understands that payment of all charges is due within (30) days from invoice date. The undersigned understands and agrees if payment terms are not met, this will result in forfeiture of any discounts or price reductions. To the best of our knowledge and belief, the information is accurate and true. We authorize our bank and suppliers to furnish you any information necessary to complete your evaluation of our credit history.

Signature _____ Title _____ Date _____