



NEW CUSTOMER CREDIT REQUEST FORM

PLEASE CALL WITH ANY QUESTIONS 413-213-0632

DATE

COMPANY INFORMATION:

COMPANY NAME

FEDERAL EIN *(Please attach a copy of W-9)*

TELEPHONE #

BILLING ADDRESS

SHIPPING ADDRESS *(if different)*

PO REQUIRED FOR PAYMENT

NO _____ YES _____

COMPANY CONTACTS:

PURCHASING DEPT. CONTACT

TELEPHONE #

EMAIL ADDRESS

AP DEPT. CONTACT

TELEPHONE #

EMAIL ADDRESS

AMOUNT OF CREDIT REQUESTED

TERMS REQUESTED

I authorize you to contact the references on the following page, and I agree to pay according to your terms of Net 30 Days.

DATE _____

SIGNATURE _____

TITLE _____

For Office Use

APPROVED CREDIT AMOUNT

APPROVED TERMS

APPROVED BY

APPROVED DATE

EMAIL COMPLETED FORM TO BILLING@QUALITYFLEETSERVICE.COM

