



M2 TRANSPORT – CREDIT APPLICATION

APPLICANT _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CORPORATION _____ PROPRIETORSHIP _____ PARTNERSHIP _____ LP/LLC _____ OTHER _____

DATE STARTED _____ STATE OF INCORPORATION _____

PRINCIPAL OWNERS OR STOCKHOLDERS

NAME / ADDRESS / TITLE

1. _____

2. _____

3. _____

TAX ID NUMBER _____

D.U.N.S # _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

BILLING CONTACT NAME _____

PHONE _____

FAX _____

E-MAIL _____

CREDIT REFERENCES

NAME	ADDRESS	CITY/STATE	PHONE/FAX
1.	_____	_____	_____
	_____	_____	_____
2.	_____	_____	_____
	_____	_____	_____
3.	_____	_____	_____
	_____	_____	_____
4.	_____	_____	_____
	_____	_____	_____

BANK REFERENCES

BANK	_____	PHONE	_____
CONTACT	_____	FAX	_____
ADDRESS	_____	ACCT #	_____
CITY	_____	STATE	_____
		ZIP CODE	_____

The Applicant hereby applies for the extension of credit terms from M2 TRANSPORT and submits the following information as a basis for consideration and approval. The Applicant hereby authorizes M2 TRANSPORT to investigate all available information pertaining to its creditworthiness and financial responsibility. Applicant further agrees to accept and adhere to M2 Transport's Conditions of Contract of Carriage as posted at www.m2transport.com. The Applicant's signature attests to the establishment of a shipping contract between the parties and the financial responsibility, ability and willingness to pay M2 Transport's invoices on a net 15 days basis from invoice date.

SIGNATURE _____

NAME (print) _____

TITLE _____

DATE _____