



WHITACRE LOGISTICS LLC CREDIT APPLICATION

12602 S Dixie Hwy, Portage, Ohio 43451
Ph: 419-686-0055 Fax: 419-686-0057

Business Name _____
Address _____
City, St Zip _____

Business Type: Sole Proprietor Partnership Corporation: State _____

Years in business: _____	Credit amount requested: _____
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Accounts Payable Contacts: _____	Title _____	Email _____	Phone _____
Accounts Payable Contacts: _____	Title _____	Email _____	Phone _____

Bank Reference	Account Number	Contact	Title	Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Trade Reference

Company Name	Address	City	St	Zip Code	Contact	Title	Phone
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

The above information is submitted for the sole purpose of opening an account and I hereby certify the information to be true and correct.

Signed _____ Name _____
Title _____ Date _____