



Fillable Form

**EARL PADDOCK TRANSPORTATION INC
CREDIT APPLICATION**

Company Name _____

Physical Address _____

Phone _____

Fax _____

E-mail _____

Bill to Address

(if different from above) _____

Bank Name _____

Account _____

Address _____

Phone _____

MAJOR TRADE REFERENCES (other carriers preferred)

Name _____

Phone _____

Address _____

Fax _____

Name _____

Phone _____

Address _____

Fax _____

Name _____

Phone _____

Address _____

Fax _____

We would appreciate at this time that you confirm your status in these programs:

	Approved	Pending	N/A		Developed	Pending	
FAST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If you answered N/A to any of the left please complete this section:	Personnel Hiring Policy	<input type="checkbox"/>	<input type="checkbox"/>
C-TPAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Personnel Security Education and Training	<input type="checkbox"/>	<input type="checkbox"/>
CSA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Facility Security Policy	<input type="checkbox"/>	<input type="checkbox"/>
PIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Computer Network Security	<input type="checkbox"/>	<input type="checkbox"/>

Please attach any of the following documents: certification documents for approved programs and operating authorities. Terms: It is agreed that invoices are to be paid net 30 days. Visa and Mastercard are accepted. Information provided will be used for credit purposes only and will remain confidential.

Date

Authorized Officer/Owner

Title