



Credit Application

Company Information:

Company Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Contact Person: _____
 Email Address: _____
 Type of Business: Corporation Partnership Individual
 Years in Business: _____ MC # _____ D-U-N-S # _____

Invoicing/Billing Information:

The invoicing method is via email unless otherwise noted. Check here if you cannot accept invoices via email
 check here if you prefer EDI 210 Invoices
 Email address used to accept electronic invoices: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Contact Person: _____ Phone: _____ Ext: _____

Invoicing Requirements: Please list your billing requirements to process freight invoices

Reference Information:

Bank Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Account # _____
 Vendor Business Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Account # _____
 Vendor Business Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Account # _____

I certify that the information provided is accurate. I understand that credit privileges may be revoked if the terms agreed upon in the pricing agreement are disregarded.

Signature of Applicant: _____ Title: _____
 Email Address: _____ Phone: _____
 Date: _____

Send the completed form to the attention of Beth Jones, fax (315)789-8879 or email Beth.Jones@wadhams.com