DonnellyNational Transportation, Inc.
406A White Horse Pike
Haddon Heights, NJ 08035
Ph 856-310-9936
Fax 856-310-9947

CREDIT APPLICATION

Business Name: _____

Phone: _____ Fax: _____

Address: _____

Type of Business: Limited Partnership _____ Sole Proprietorship _____
General Partnership _____ Corporation _____

Federal ID# or Social Security #: _____

Owner/President: _____ Date Business Start: _____

Date Business Start: _____

Bank Name: _____

Phone: _____ Account # _____

Address: _____

Credit References:

Name	Address	Phone	Contact
1.			
2.			
3.			

Trade References:

Name	Address	Phone	Contact
1.			
2.			
3.			

Freight Bill Schedule: _____

What paperwork do you require: _____

In making this application for credit the customer agrees to pay all invoices within 30 days of invoice date and agrees to pay a service charge of 1½ % per month (18% annual rate) on all overdue balances. Collection made by suit or otherwise the customer agrees to pay all collection costs including reasonable attorneys' fees and hereby waives all rights to claim exemption under state law. The undersigned consents to the release of credit history. We recognize that if credit is extended, it may be canceled without notice.

_____

Signature Title Date