

COMMERCIAL CREDIT APPLICATION

Manchester Transfer LLC
7801 E Truman Road
Kansas City, MO 64126
Phone 816 920 6697 fax 816 920 6869

FIRM NAME: _____ TELEPHONE _____
ADDRESS: _____ FAX _____
CITY: _____ STATE: _____ ZIPCODE: _____

TYPE OF ENTITY:

- CORPORATION (if you are using a fictitious business name, please include the fictitious business name.)
 - LIMITED LIABILITY COMPANY
 - LIMITED PARTNERSHIP
 - PARTNERSHIP
 - SOLE PROPRIETORSHIP
- RESALE #: _____
FEDERAL TAX I.D. #: _____
DUNS #: _____
BUSINESS START DATE: _____

OWNERSHIP

Name of owner: _____ Telephone #: _____
Address: _____ City: _____ State: _____ Zip Code: _____

Name of owner: _____ Telephone #: _____
Address: _____ City: _____ State: _____ Zip Code: _____

BANK REFERENCES

Name: _____ Account #: _____ Telephone #: _____ Contact Person: _____
Address: _____ City: _____ State: _____ Zip Code: _____

Name: _____ Account #: _____ Telephone #: _____ Contact Person: _____
Address: _____ City: _____ State: _____ Zip Code: _____

TRADE REFERENCES: (please list three (3) minimum)

Name: _____ Contact Person: _____ Telephone #: _____
Address: _____ City: _____ State: _____ Zip Code _____

Name: _____ Contact Person: _____ Telephone #: _____
Address: _____ City: _____ State: _____ Zip Code _____

Name: _____ Contact Person: _____ Telephone #: _____
Address: _____ City: _____ State: _____ Zip Code _____

Please print full name, title/ position, date, and sign..

Name _____ Title _____

Signature _____