



Credit App

Legal Name: \_\_\_\_\_

Trade Name (DBA): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Business:  Sole Proprietorship  Partnership  Corporation  LLC  Other

Years in Business: \_\_\_\_\_ EIN # \_\_\_\_\_ DUNS # \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Please provide three Trade References and one Bank Reference:

Company & Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Type of Account: \_\_\_\_\_

Company & Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Type of Account: \_\_\_\_\_

Company & Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Type of Account: \_\_\_\_\_

Bank & Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Account # \_\_\_\_\_

By submitting this Credit Application, you authorize Nationwide Equipment Transportation to make inquiries into the banking and trade references provided.

Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_

Date \_\_\_\_\_  
Title \_\_\_\_\_



# Payment Authorization

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Payment Information

Quote or Invoice # \_\_\_\_\_ Date of Payment \_\_\_\_\_

\*\* Credit card payments are subject to a 3% Administrative / Convenience surcharge, which is in addition to the quote or invoice amount.

Invoice Amount \$ \_\_\_\_\_ + 3% \$ \_\_\_\_\_ = Total Charge \$ \_\_\_\_\_

### Credit / Debit Card Payment

Type of Card  Mastercard  Visa  Discover  AMEX

Name on Card \_\_\_\_\_

Card # \_\_\_\_\_ Exp Date (MM/YY) \_\_\_\_\_

Security Code (3 digits) \_\_\_\_\_ Zip Code for Card Billing \_\_\_\_\_

**ACH Payment** Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

By submitting this Payment Authorization, you give Nationwide Equipment Transportation (NET) permission to debit your account for the amount indicated on or after the indicated date. I acknowledge that a minimum Non-Sufficient Funds (NSF) fee of \$25 may be charged by NET in the event there are insufficient funds available at the time the ACH payment is submitted. I authorize NET to charge or debit the account indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services/account/invoice described above, for the amount indicated above only, and is valid for one-time use only. I certify that I am an authorized signor on this account.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_