CREDIT APPLICATION

NORTH PARK TRANSPORTATION CO.
5150 COLUMBINE STREET
DENVER, CO 80216
PHONE# (303) 295-0300 FAX # (303) 295-6244

BUSINESS: Legal Name (Applicant):_____

DBA (If different):_____

Bill to Address:_____ Phone: (   )_____

Fax:(   )_____

City:_____State:_____Zip:_____-_____

Contact Name:_____

Shipping Address: _____ Phone: (   )_____

(if different from Bill to)   Fax:(   )_____

City:_____State:_____Zip:_____-_____

Nature of Business:_____

Date Established:_____Federal Tax Id Number:_____

# of Employees:_____Estimated Annual Sales:_____

OWNERSHIP:_____Individual _____Partnership _____Corporation

_____Other: Describe_____

Principal:_____
  (Name)   (Title)   (Soc Sec No.)

_____
  (Street)   (City)   (St)   (Zip)

Principal:_____
  (Name)   (Title)   (Soc Sec No.)

_____
  (Street)   (City)   (St)   (Zip)

Has the firm or any of its principals ever filed for bankruptcy protection: _____Yes _____ No

If yes, explain _____

TRADE REFERENCES:

Business Name:_____Contact Name:_____

Address: _____ Phone: (   )_____

Fax: (   )_____

Business Name:_____Contact Name:_____

Address:_____ Phone: (   )_____

Fax: (   )_____

BANK REFERENCE:

Bank Name:_____Contact Name:_____

Address:_____ Phone:(   )_____

Fax: (   )_____

Account Type:_____Checking_____Savings_____Loan   Account No:_____

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NORTH PARK TRANSPORTATION CO.

Type of Credit Agreement: NET 30 _____

_____

_____

Applicant agrees to pay any collection costs incurred to collect the unpaid balance, including interest on the unpaid balance as allowed by state law, and any reasonable attorney fees incurred.

The undersigned, as an inducement for North Park Transportation Co. to grant credit, warrants that the information submitted is true and correct and authorizes North Park Transportation Co. to contact the references listed above and conduct any further credit investigation it feels necessary.

The undersigned warrants that they are authorized to sign on behalf of the Applicant, and that they are familiar with the Interstate Commerce Commission rules and regulations covering the payment of freight and other tariff charges, and agrees to abide by such rules.

Authorized
Signature:_____Date:_____

Name:_____Title:_____
      (Please print or type)

FOR CREDIT DEPARTMENT USE ONLY

Credit: _____Approved _____Denied   By:_____

                                                    Date:_____

Comments:

_____

_____

_____

_____