



Holland Transportation Management Services, Inc.
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CREDIT APPLICATION

Form Instructions:

- **Option 1:** Fill in the information below, print the form and then fax it back to: Holland TMS - Attention: Credit Dept.
- **Option 2:** If you are using a current version of Adobe Reader, you may fill in the information below and then select the Email button at the bottom of the form to email the form directly to the Holland TMS Credit Dept.

Date: _____

Company Name: _____

Billing Address: _____

Shipping Address: _____

Telephone Number: _____ Fax Number: _____

Dun & Bradstreet #: _____

BUSINESS STYLE (check one):

<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Proprietorship
Date of Incorporation: _____	List all Partner's Name and Addresses. (One or more partners may be required to sign as guarantor.)	Name and Address of Owner; Owner must sign as guarantor this application.
The State of Incorporation: _____	_____	_____
Registered Agent's Name and Address: _____ _____	_____ _____	_____ _____

Please indicate name and location of parent company (if applicable): _____

How many years have you been in business? _____ Type of business: _____

PRINCIPALS OF FIRM:

Officers: _____ Title: _____

_____ Title: _____

_____ Title: _____

CREDIT REFERENCES:

Name: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip Code: _____ Acct #: _____

Name: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip Code: _____ Acct #: _____

Name: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip Code: _____ Acct #: _____

Name: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip Code: _____ Acct #: _____

For Holland TMS Use Only

Date Credit Application Received: _____

COMPUNET Rating: _____ SIC #: _____

D & B Rating: _____

Credit Limit: _____

Reviewed By: _____ Approved By: _____
