



**INLAND FREIGHT LINK**  
**Where Dependability is The Bottom Line**

**CUSTOMER INFORMATION AND CREDIT APPLICATION FORM**

To be filled out and signed by a Company Official or an authorized individual only. All information must be filled out in order to process.

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

Db: \_\_\_\_\_

Ownership: \_\_\_ Corporation \_\_\_ Partnership \_\_\_ Sole Proprietorship

Physical address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_) \_\_\_\_\_

Federal Tax ID#: \_\_\_\_\_ D&B # \_\_\_\_\_ State of Incorporation: \_\_\_\_\_  
(or Social Security #)

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

City, State & Zip: \_\_\_\_\_

Acc. Pay. Contact: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_) \_\_\_\_\_

**BANK REFERENCE**

Bank Name: \_\_\_\_\_

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

City, State & Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_) \_\_\_\_\_

Bank Contact: \_\_\_\_\_

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

**TRADING REFERENCES**

COMPANY NAME \_\_\_\_\_ CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

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The above information is for the purpose of obtaining credit and is warranted to be true and correct. I authorize FVL, Inc. Dba Inland Freight Link to investigate references and history pertaining to my company and its officials's credit. Applicant's signature attests financial responsibility, ability and willingness to pay in accordance with terms assigned by the FVL, Inc. By signing here you agree to the Credit Terms & Agreement of FVL, Inc. which is available at your request.

Authorize Representative: \_\_\_\_\_ Title: \_\_\_\_\_  
(PRINT)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We also accept VISA, MASTER CARD, AMEX, DISCOVER, AND PAYPAL  
(please request the appropriate form)

**3350 SW 148<sup>th</sup> AVE STE 110 Miramar, FL 33027-3237 Tel: 954-699-0172 Fax:888-600-3427**

**www.inlandfreightlink.com**

