

## **Credit Application**

Reed Transport Services, Inc.  
PO Box 261181 Tampa, FL 33685

Phone Number: 813-655-9500 Or 800-606-4471 Fax Number: 813-655-9700

**Business Name: Full Legal Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Type of Business** \_\_\_\_\_ **Years in Business** \_\_\_\_\_  
**Phone#** (     ) \_\_\_\_\_ **Fax#** (     ) \_\_\_\_\_ **800#**(     ) \_\_\_\_\_  
**If Corporation, Please Provide Tax ID#** \_\_\_\_\_

---

### **Business Owner(s) or Officer(s) of Company**

1) **Name** \_\_\_\_\_ **Title** \_\_\_\_\_  
**Phone#** \_\_\_\_\_ **Location** \_\_\_\_\_

2) **Name** \_\_\_\_\_ **Title** \_\_\_\_\_  
**Phone#** \_\_\_\_\_ **Location** \_\_\_\_\_

3) **Name** \_\_\_\_\_ **Title** \_\_\_\_\_  
**Phone#** \_\_\_\_\_ **Location** \_\_\_\_\_

---

### **Trade References (Min. of 3 required)**

1) **Business** \_\_\_\_\_ **Contact** \_\_\_\_\_  
**Phone#** \_\_\_\_\_ **Fax#** \_\_\_\_\_

2) **Business** \_\_\_\_\_ **Contact** \_\_\_\_\_  
**Phone#** \_\_\_\_\_ **Fax#** \_\_\_\_\_

3) **Business** \_\_\_\_\_ **Contact** \_\_\_\_\_  
**Phone#** \_\_\_\_\_ **Fax#** \_\_\_\_\_

---

### **Banking Info:**

**Current Bank** \_\_\_\_\_ **Location** \_\_\_\_\_  
**Phone#** \_\_\_\_\_ **Contact** \_\_\_\_\_  
**Account#** \_\_\_\_\_ **Date Opened** \_\_\_\_\_