



Transportation, Transload & Warehousing

2816 W Winton Avenue Hayward, CA 94545  
(P): 510-785-0951

### Credit Application

LEGAL NAME OF BUSINESS: \_\_\_\_\_

CORPORATE ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_

A/P TELEPHONE #: \_\_\_\_\_ Email: \_\_\_\_\_

FEDERAL TAX ID#: \_\_\_\_\_ DNB#: \_\_\_\_\_

TYPE OF OWNERSHIP: (CIRCLE ONE) CORPORATION PARTNERSHIP PROPRIETORSHIP LLC

BILLING ADDRESS: (IF DIFFERENT FROM ABOVE) ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

**BANK REFERENCE:**

NAME: \_\_\_\_\_ BRANCH: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

CONTACT: \_\_\_\_\_

**CREDIT REFERENCES:**

NAME: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE complete this form Attaching your company W-9 AND email to: Accounting@CalCargo.com