



Credit Worksheet

Customer Name: _____

Billing Address: _____

Special Billing Requirements:
(Autopay, EDI, FAX, ETC) _____

Document Requirements for Payment:
(Invoice, Load Confirmation, BOL) _____

Accounts Payable Contact: _____

Accounts Payable Phone #: _____ Accounts Payable Fax # _____

Accounts Payable Email: _____

Federal ID #: _____

Carrier/ Business References:	_____	_____
	Name	Phone/Fax
	_____	_____
	Name	Phone/Fax
	_____	_____
	Name	Phone/Fax

Bank Reference:	_____	_____
	Bank Name	Account #

Contact Name/Phone/Fax

I understand that the information is accurate and true to the best of my knowledge and authorize Montgomery Logistics, Inc. to contact the references above to obtain credit information. In the event that the amount of credit extended is placed for collection I understand that I will be responsible for all collection costs to include attorney's fees that may be incurred by Montgomery Logistics, Inc.

Signature Date

Printed Name Title

****PLEASE RETURN TO MARTINA PHILPOTT****
Email: mphilpott@montgomerylogistics.com or Fax: (205)725-8384