

Mercedes Cab Company, Inc. dba All Cape Truck Services

Business Credit Application Form

BUSINESS CONTACT INFORMATION			
Company Name		Date business commenced	
Trade Name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	Amount Requested: \$ _____
Phone Fax			
E-mail			
Registered company address City, State ZIP Code			
BUSINESS AND CREDIT INFORMATION			
Mailing Address City, State Zip Code		Authorized Business Contact Name and Title	
Physical Address City, State, Zip Code		Authorized Secondary Contact Name and Title	
How long at current address?		Accounts Payable Contact Name and Title	
Business Phone		Business Email	
Bank Name		Bank Address	
Bank Account Number		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other
BUSINESS/TRADE REFERENCES			
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
SIGNATURES			
Signature		Signature	
Name and Title		Name and Title	
Date		Date	

Please return to: All Cape Truck
Attn: Accounting
182 Queen Anne Road
Harwich, MA 02645

or by email: accounting@mercedescab.com