

Blakeman Transportation, Inc.

P.O. Box 4340 • Fort Worth, Texas 76164 • 817/626-3400 • 800/375-9995

BUSINESS CREDIT APPLICATION

Business Name			Date	
Address				
City		State	Zip	
wner/Manager		Tel.N	Tel.No	
Fax No	How long in business	D & B Rat	D & B Rated	
Operations/Transportation Emai	l Address (Required)			
Billing Address: (If Different)				
City		State	Zip	
Billing/AP Contact:	Phone	Fax		
Billing Email Address (Requir	ed):			
	! need to be transportation references			
Name	Contact		Phone	
Name	Contact		Phone	
Name	Contact		Phone	
Bank References:				
Name	Address		Acct. #	
Name	Address		Acct. #	
Pending lawsuits against Compa	ny:			
be withdrawn at any time. All se	iry as to credit information. We furthe ervices by Blakeman Transportation, Information, Information, Information and review on our webs	nc. (BTI) are provided p		
	m/company terms and conditions.p			
Name & Title (Signature)			Date	

Return to Gail Landman – Fax: 817/869-0546 or credit@blakemantrans.com