

KEEN TRANSPORT, INC.
1951 Harrisburg Pike
Carlisle, PA 17015

APPLICATION FOR CREDIT

General Information:

Name of Business _____

Physical Address _____ City _____ State _____ ZIP _____

Mailing Address _____ City _____ State _____ ZIP _____

Phone # _____ Fax # _____

Type Of Firm: Sole Owner _____ Partnership _____ Corp _____

Federal ID # _____ State of Incorporation _____

Years in Business _____ Credit Line Requested _____

Credit References:

Business Name - Address and Phone Number

1. _____

2. _____

3. _____

Bank Reference:

Name of Bank _____

Address _____

City _____ State _____ Zip Code _____

Account Number _____

Contact Person _____ Title _____ Phone # _____

We certify that all the information on this form is correct. We fully understand that payment terms are net 30 days. If accounts are not paid and are referred for collection, the collection costs will be added to the outstanding balance. If accounts are not paid according to terms, Keen Transport Inc. reserves the right to reduce the line of credit, or to place the account on C.O.D.

Authorized Signature _____ Title _____

Date _____

Please fax completed form to Beth Smith at (717) 243-9493 or send via email to beth.smith@keentransport.com