

Caribbean Transportation Solutions
Credit Application

Filing Your Credit Application:

1. Please complete the attached credit application and submit it along with the trade references to the following department by fax or mail:

FedEx Express
Caribbean Transportation Solutions
Attn: Credit Department
Post Office Box 35667
Greensboro, NC 27425
Toll Free 800 767 2494
Phone: 336 668 7506
Fax: 336 668 7509



Now offering
Caribbean Transportation Solutions

Credit Application

Exact Name of Business: _____ Date: _____

Street Address of Business Location: _____

City: _____ State: _____ Zip: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Accounts payable contact: _____ Email: _____

Phone Number: _____ Fax Number: _____

Date Business Began: _____ Line of Business: _____

Freight Payment Service Name: (if applicable) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Bank Name: _____

Street Address: _____

Account Number: _____ Phone Number: _____

TRADE REFERENCES - Please include at least 3 references _____

CREDIT TERMS & CONDITIONS

The above information is for the purpose of obtaining credit and is warranted to be true. We hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility. A copy of this document shall be as the original. Initials____

On behalf of our company, I certify we are familiar with and agree to abide by the DOT/Surface Transportation Board rules and regulations pertaining to the payment of transportation and other tariff charges. If carrier is forced to utilize an outside collection source, all applicable discounts and allowances will be revoked resulting in collection of gross charges.

Company Name: _____ Title: _____

Signature of Authorizing Officer: _____ Date: _____